

The Board of Medical Assistance Services will hold its next quarterly meeting on October 27th. This will be a hybrid in person/virtual meeting. Physical attendees will assemble in Conference Room 102 A/B of the Department of Medical Assistance Services (DMAS) Headquarters located at 600 East Broad Street in Richmond. Virtual participants should register through the electronic process described in the following pages. The subcommittee meetings will begin at 10:00 am and the regular quarterly meeting will begin at 12:00 p.m.

Agency staff and attendees should comply with the latest CDC guidance dated July 27, 2021 for the in person location. As such, all attendees at the in-person location shall:

- Wear a mask inside DMAS Headquarters, including in Conference Room 102 A/B. If you are not able to, or do not wish to wear a mask, you may attend and participate virtually instead.
- Maintain physical distancing. To aid in this, seats will be spaced out in the meeting room. This spacing will allow for a maximum of 15 members of the public to sit in the room. This seating will be available on a first come, first serve basis.

Any individual who cannot or does not wish to comply with these requirements for medical, religious, or other reasons, can participate through the virtual option.

Any member of the press who would like to attend should contact Christina Nuckols, Director of the Office of Communications, at Christina.Nuckols@dmass.virginia.gov or by phone at 804-225-4592.

As a reminder, the public comment period at each Board meeting is to allow the public to share their concerns to the Board members. The public comment period is not a conversation or question and answer between members of the Board and the public. All public comments are limited to 2 minutes per person. Individuals may not sign up for multiple spots in order to speak longer. If you have additional comments or feel you may not be able to speak only in 2 minutes, you may submit written comment to the Board. These written comments will be shared with the Board members and included in the minutes for the meeting provided they are received before the meeting.

There will be a public comment signup sheet in the room at the DMAS Headquarters. For those who are attending virtually please email Brooke.Barlow@dmass.virginia.gov for registration. The public comment period is limited to 20 minutes maximum, but may be extended by the Board. If you are not able to sign up by this deadline, you may still submit written comment to the Board.



BOARD OF MEDICAL ASSISTANCE SERVICES



Tuesday, November 30, 2021

12:00 PM BMAS Meeting

In-Person (hybrid)

[WebEx Link](#)

Department of Medical Assistance Services

Conference Room 102 A & B

600 East Broad St. Richmond, VA 23219

AGENDA

#	ITEM	PRESENTER
1.	Call to Order	
2.	Approval of Minutes	
	2.A. Approval of BMAS Retreat Minutes 6/23/2021	
	2.B. Approval of June 9, 2021 Minutes	
	2.C. Approval of March 10, 2021 Minutes	
3.	ByLaws Amendments	
	3.A. Bylaws Amendment Vote – Department Committees	
	3.B. Proposed Amendment –Electronic Participation	
4.	Director's Report	
	4.A. Project Cardinal Update	Karen Kimsey, Director
5.	SubCommittee Updates	
	5.A. Sub-Committee Updates	BMAS Leads - TBA
6.	MES, ARPA, and Special Session Update	
	6.A. MES, ARPA, and Special Session Update	Finance Leadership Team
7.	July 1st Implementations	
	7.A. July 1, 2021 Implementations	Sarah Hatton & Cheryl Roberts
8.	Appeals Portal Launch	
	8.A. Appeals Portal Launch	John Stanwix, Jessie Bell, Mari Mackey
9.	New Business/Old Business	
10.	Regulations	
11.	Adjournment	

DRAFT BMAS MINUTES

Wednesday March 10, 2021

10:00 AM

Present: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray

Absent: Alexis Y Edwards, Cameron Webb Dr., Raziuddin Ali MD

DMAS Staff Present:

Davis Creef, Office of the Attorney General

Karen Kimsey, Director

Ellen Montz, Chief Deputy

Ivory Banks, Chief of Staff

Tammy Whitlock, Deputy Director of Complex Care

Chethan Bachireddy, Chief Medical Officer

Chris Gordon, CFO

Sarah Hatton, Deputy Director of Administration

Cheryl Roberts, Deputy Director of Programs

Christina Nuckols

Angie Vardell

Hope Richardson

Nancy Malczewski, Public Information Officer

Craig Markva, Division Director, Office of Communication, Legislation & Administration

Brooke Barlow, Board Liaison

Call to Order at 10:02a.m.

Approval of Minutes

12/9/2020 BMAS Board Meeting Minutes

Moved by Greg Peters Dr; seconded by Kannan Srinivasan to .

Motion : 8 - 0

Voting For: Peter R Kongstvedt MD, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Greg Peters, Kannan Srinivasan, Elizabeth Coulter, Ashley Gray

Voting Against: None

Director's Report

Director Karen Kimsey presented on updates on enrollment, COVID-19 Vaccine, Project Cardinal and DMAS' Diversity, Equity and Inclusion initiatives.

Enrollment: Since the State of Emergency was declared, Medicaid has gained 259,526 new members. 136,526 are in Medicaid Expansion and 79,574 are children.

COVID-19 Vaccine: Currently Phase 1a and 1b are currently eligible for vaccination in Virginia. The Vaccine Summary Dashboard continues to show Virginia's significant progress in vaccinations, with more than 2 million doses administered.

(<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary/>). More than 9 in 10 available first doses have been administered. Vaccine supply continues to increase on a weekly basis. In mid-February, VDH deployed a centralized sign-up tool (vaccinate.virginia.gov) and call center (877-VAX-IN-VA).

DMAS is working in close collaboration with the Office of the Commonwealth's Chief Data Officer to obtain access to vaccine registry data (through the Virginia Immunization Information System/"VIIS"). This data will allow DMAS to discern patterns in vaccination vs. non-vaccination for Medicaid members by various elements, such as population, geography, MCO, etc., in addition to being able to execute individual-level follow-ups in partnership with VDH/local health departments and MCOs.

Project Cardinal: The ultimate goal of Project Cardinal is to effectuate a single, streamlined managed care program that links seamlessly with our fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to our members and adds value for our providers and the Commonwealth.

- Adds value for members
 - Moving to one managed care delivery system streamlines the process for members, eliminating the need for unnecessary transitions between the two managed care systems, avoids confusion for members with family members in both programs, and drives equity in a fully integrated, well-coordinated system of care
 - Allows for improved continuous care management and quality oversight based on population-specific needs
- Adds value for providers
 - Streamlines the contracting, credentialing, and billing processes for providers
- Adds value for DMAS, its MCOs and the Commonwealth
 - Merges the two managed care contracts, two managed care waivers, and streamlines the rate development and CMS approval processes. Moving to one streamlined contract, and combining our internal processes for contract oversight, will allow DMAS to operate with greater efficiency and effectiveness and provides enhanced opportunity for value-based payment activities to promote enhanced health outcomes

[DMAS] shall seek federal authority through the necessary waiver(s) and/or State Plan authorization under Titles XIX and XXI of the Social Security Act to merge the CCC Plus and Medallion 4.0 managed care programs, effective July 1, 2022, into a single, streamlined managed care program that links seamlessly with the fee-for-service program, ensuring an efficient and well-coordinated Virginia Medicaid delivery system that provides high-quality care to its members and adds value for providers and the Commonwealth.

Budget language also directs DMAS to

- Deliver legislative report on impact of merging the children's programs -- FAMIS and children's Medicaid -- by November 1.

- Conduct analysis of current contracts and staffing and determine operational savings from merging the managed care programs. Report on administrative cost savings and merger-related costs by October 1.

DMAS' Diversity, Equity and Inclusion initiatives:

- *Human Capital and Development:*
 - Diversity and Inclusion Officer
 - Review and update DMAS HR policies (ethics, hiring, etc.)
 - New recruiting initiatives & increased partnerships with colleges and universities for diverse workforce,
 - Review of Agency Workforce Planning (Hiring Stats & Demographics)
 - Compensation Study and Analysis.
 - Added DEI inclusion statement to all job postings.
- *Employee Engagement:*
 - Conducted several surveys
 - Fostered meaningful discussions surrounding events within the Commonwealth and Nation
 - Greater visibility of efforts and initiatives via internal newsletter, SharePoint, and Blogs.
 - Celebrating Diversity, i.e. Juneteenth, Disability Freedom, Pride, and Hispanic Heritage
- *Training:*
 - Leadership trainings on diversity, unconscious bias, and microaggressions
 - Agency-wide mandatory trainings: Sensitivity and Cultural Awareness and History; Subconscious Biases and Institutional Racism.
- *External Initiatives:*
 - DMAS leads the monthly State Agency Partnership Meeting with other Agencies interested in standing up their own councils
 - Collaborate our efforts to support Governor's Chief Diversity Officer's "One Virginia" Plan
 - Actively participates in the Commonwealth State Health Equity Group.

Election of Officers

For the election of officers, Craig Markva moderated the election.

Michael H. Cook was nominated by Kannan Srinivasan for the Board Chair, the motion was seconded by Maureen Hollowell.

Motion : 8 - 0

Voting For Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
 Voting Against: None
 Unanimous approval

Kannan Srinivasan was nominated by Michael H. Cook for the Board Co-Chair, the motion was seconded by Greg Peters.

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray
 Voting Against: None
 Unanimous approval

Brooke Barlow was nominated by Michael Cook for Board Secretary the motion was seconded by Kannan Srinivisan.

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray

Voting Against: None

Unanimous approval

Legislation

Sarah Hatton, Deputy Director for Administration presented on the 2021 Legislation.

DMAS' legislative role includes monitoring introduced legislation, review legislation for the Secretary and Governor, Recommend positions for the Secretary and Governor, Communicate Governor positions to the General Assembly and Provide expert testimony and technical assistance.

The Governor's introduced Budget includes a number of items:

- Implement the Virginia Facilitated Enrollment Program (Item 317 HH)
- Allow FAMIS MOMS to utilize Substance Abuse Disorder Treatment (Item 312 G)
- Fund Doula Services for Pregnant Moms (Item 313 WWWW)
- Expand Addiction Treatment Beyond Opioids (Item 313 P PPPP)
- Affirm Medicaid Coverage of Gender Dysphoria Related Services (Item 313 ZZZZZ)
- Fund Durable Medical Equipment (DME) Federal Mandate (Item 313 QQQQQ)
- Authorize Post-Public Health Emergency Telehealth (Item 313 VVVVV)
- Move funds to cover the cost of implementing a live-in caretaker exemption (Item 313 HHH)
- Authorize 12-month prescriptions of contraceptives for Medicaid Members (Item 313 YYYYY)
- Fund COVID-19 Vaccine Coverage for Non-Expansion Medicaid Adults (Item 313 XXXXX)
- Allow Pharmacy Immunizations for Covered Services
- (Item 313 UUUUU)

Administrative and Technical Changes include:

- Implement Federal Client Appeals Requirements (Item 317 GG 1)
- Federally Mandated MCO Contract Changes (Item 313 E)
- Increase Appropriation for Civil Monetary Penalty (CMP) Funds (Item 317 R1.,2. & 7)
- Provide support for federal interoperability and patient access requirements (Item 313 SSSSS)
- Account for third quarter of enhanced federal Medicaid match in facility budget (Item 313 A.)
- Authorize the transfer of funds between CCCA and DMAS to account for cost shifts (Item 313 A. 2.)
- Make required adjustments to the graduate medical residency program (Item 313 BBB. 1.)
- Increase Medicaid reimbursements for Veteran Care Centers (Item 313 RRRRR.)
- Move Reductions to Agency Budget (Various Items)
- Transfer funds to cover Medicaid related system modifications
- Transfer assisted living screening funds to DSS (DARS Item 344 F)
- Add DBHDS licenses to ASAM Level 4.0 (Item 313 TTTTT.)

Key Budget Amendments

- Prenatal Coverage for Undocumented Women
- Retainer payments for DD waiver day support providers
- Continuing telehealth services
- Child and maternal health initiatives

- Home visiting
- Mobile vision clinics for kids

Key Bills

- SB1307 - Directs DMAS to expand Medicaid coverage of school health services in public schools beyond special education services provided under a student's IEP
- HB1987 and SB1338 - Mandates Medicaid coverage of remote patient monitoring through telehealth
- SB1102 - Requires DMAS to establish an annual training and orientation program for all personal care aides who provide Medicaid self-directed services
- HB2124 - Directs DMAS to, during a public health emergency related to COVID-19, deem testing for, treatment of, and vaccination against COVID-19 to be emergency services for which payment may be made pursuant to federal law for certain noncitizens not lawfully admitted for permanent residence

Other Legislation

- COVID-19 response including vaccination distribution and equity
- Paid sick leave for personal care attendants
- Establishing a reinsurance program
- Creating a plan to implement a three year pilot Produce Rx Program

Removal of 40 Quarter Work Requirement

Virginia was one of six states to require that lawful permanent residents (LPRs) to have 40 quarters of work history in order to qualify for Medicaid coverage. Historically, this has been a major hindrance to eligible LPR adults who would otherwise be eligible, exacerbating health disparities for LPRs across the Commonwealth.

- Beginning April 1, lawful permanent residents with five years of US residency will now meet immigration requirements for health care coverage from Virginia Medicaid.
- The DMAS outreach team is working directly with community partners, religious organizations, and clinics. Communications staff have developed a social media strategy which will include additional messaging through Facebook and Twitter.
- Policy and Eligibility and Enrollment Services teams are working through the State Plan Amendment process, implementation of system changes, and policy updates and training for eligibility workers.

Budget

Chris Gordon, DMAS CFO presented the finance update which included Finance 101, DMAS Expenditures, General Assembly Actions on Budget and Coronavirus Relief Fund Update.

The following YouTube Link was provided for the Finance 101

- <https://www.youtube.com/watch?v=tqDozcKiF-o>

New Business/Old Business

Special Recognition / Tribute for Rachel Pryor

Michael H. Cook, Chair made a motion for a resolution for Rachel Pryor for her service, the motion was seconded by Kannan Srinivisan

Regulations

Adjournment

Motion to adjourn @ 12:02p.m.

Moved by Kannan Srinivasan; seconded by Greg Peters Dr to adjourn

Motion : 8 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Elizabeth Coulter, Ashley Gray

Voting Against: None

DRAFT BMAS BOARD MINUTES

Wednesday June 09, 2021

10:00 AM

Present: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Ashley Gray, Elizabeth Noriega

Absent: Alexis Edwards

DMAS Staff Present:

Davis Creef, Office of the Attorney General

Karen Kimsey, Director

Ellen Montz, Chief Deputy

Ivory Banks, Chief of Staff

Tammy Whitlock, Deputy Director of Complex Care

Chris Gordon, CFO

Sarah Hatton, Deputy Director of Administration

Cheryl Roberts, Deputy Director of Programs

Brian McCormick, LIA Division Director

Jessica Annecchini

Zach Hairston

Christina Nuckols

Valkyrie Moriconi

Craig Markva, Division Director, Office of Communication, Legislation & Administration

Brooke Barlow, Board Liaison

1. Call to Order

Meeting called to order @ 10:02 am.

2. Approval of Minutes

2.A Approval of March 10, 2021 BMAS Minutes

Approval of the March minutes was postponed to the September 8, 2021 meeting to give the member's sufficient time to review.

3. Director's Report

Director Karen Kimsey presented on updates on enrollment, COVID-19 Vaccine, Project Cardinal and Operation Homecoming.

Enrollment: Since the State of Emergency was declared, Medicaid has gained 305,102 new members. 162,252 are in Medicaid Expansion and 92,460 are children.

COVID-19 Vaccine: Vaccination Efforts continue with events such as the Flying Squirrels game on Sunday, June 13, 2021. This event is promotes attendees to sign up for a COVID-19 vaccine. The following YouTube link was provided for further Vaccination Efforts information.

Project Cardinal: We are in the Implementation and Planning phase. A contract will be finalized and signed this week with a contractor who will:

- Provide project management and strategic guidance
- Incorporate federal regulations/guidance
- Leverage federal flexibilities and national best practices
- Facilitate stakeholder design sessions
- Drive the Commonwealth's priorities to improve access, quality, and efficiency
- Strengthen organizational infrastructure for improved monitoring, oversight, and transparency

Operation Homecoming: As Operation Homecoming approaches the focus is staying on health, safety, flexibility, productivity, and teamwork.

4. Bylaws

4.A Presentation of Current Bylaws and Introduction of any additions

Davis Creef advised that amendments can only be revised during regular meetings. Amendments would be discussed during one regular meeting and voted on during the following meeting.

There are currently in the code flexibilities that allow Board members to participate electronically under certain circumstances. There are currently two ways to do that, temporary or permanent disability or medical condition that prevents them from participating physically or if they have a personal matter. The new provision that the General Assembly passed and Governor has signed and goes into effect July 1, 2021, would allow a member to participate electronically if they have a family member with a medical condition that requires a Board member to provide care for that person. The Board would have to adopt a policy to implement that flexibility. There are some requirements, still have to have a physical quorum present, if someone takes advantage of this, it has to be reflected in the minutes where they are participating from (not open to the public) and there is an approval process, such as giving the chair notice and those present at the physical meeting would vote if that member would be able to participate electronically. The earliest the Board could vote on this is at the December meeting. Ashley Gray notified the Board that there is a potential she will not be able to attend the September meeting in person.

Michael Cook asked for a vote to adopt the current ByLaws.

Members voted to adopt the current ByLaws.

Motion: 10-0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Elizabeth Noriega, Ashley Gray Voting Against: None

Discussion to amend Section 5.4 of the current ByLaws to reflect updated Committees.

5.4 Department Committees - In addition to participation in Department workgroups or committees pursuant to Section 5.3, Board members are encouraged to attend meetings of any committee of the Department with stakeholders, including, but not limited to, the Dental Advisory Committee, the Drug Utilization Review Board, the Family Access to Medical Insurance Security (FAMIS) Outreach Oversight Committee, the Managed Care Advisory Committee, the Medicaid Hospital Payment Policy Advisory Council, the Medicaid Physician Advisory Committee, the Medicaid Transportation Advisory Committee, the Pharmacy and Therapeutics Committee, and the Pharmacy Liaison Committee. DMAS

staff shall provide information regarding meeting schedules to the Board to facilitate member attendance and involvement.

Board member, Peter Kongstvedt suggested that the committee names will change in the future and should be removed. The Bylaws should simply state that Board members shall be allowed to attend committee meetings and should committee's names be changed or new committee's created, the Director shall notify the Board. Davis Creef advised this was feasible and all Board members agreed. An amendment will be drafted for the September 8, 2021 meeting.

5. Vaccinations

Data as of 5/25/2021 shows significant growth in Medicaid Member Vaccinations.

(<https://www.vdh.virginia.gov/coronavirus/covid-19-vaccine-summary>) VDH partnered with DMAS in executing specialized strategies to vaccinate DMAS' Medically Fragile and Homebound Populations.

- Vaccination rate in DMAS Homebound population increased from 4% to 53% since April
- Vaccination rate in DMAS Waiver Population now matches rate of Virginia's general population
- Virginia began vaccinating 12-15 year olds on May 12th. To date, 6% have received at least one dose

I/DD Waiver 69%

CCC Plus Waiver 50%

Homebound 53%

Total Population >16 years 34%

As Virginia transitioned into Phase 2, DMAS developed tailored communication strategies to ensure equitable access for all members.

- Managed Care, FFS, and Medicaid News Subscribers Messaging Campaign launched utilizing targeted texts, emails, direct mailings, and/or social media platforms

Rite Aid Pharmacies and Norfolk/Virginia Beach Health Departments partnered with DMAS to hold vaccination clinics in Richmond and Norfolk in April and May.

- Virginia Premier and Optima hosted a 2 day clinic in Richmond for their members and employees.
- Disability Advocacy Service provider, Endependence Center, Inc., hosted clinics in Norfolk for their clients, attendants, and other Medicaid members. Over 200 total 1st and 2nd doses given

MCOs continue to track and report on weekly outreach activities for all members over 12 years old.

6. Dental Update

The effective date for adult dental services is July 1, 2021. This will benefit approximately 750,000 adult members. The comprehensive benefits are based on a preventative, and restorative model. The strategy is to work with key partners to assist with design, delivery of new services, and recruitment.

Implementation steps include

- Federal approval – in process
- Design benefit package – complete
- Provider recruitment – ongoing
- System changes – complete
- Vendor contract changes – complete
- Member & Provider education – ongoing
- Stakeholder Engagement – ongoing
- Hiring a Dental Program Lead – Ongoing

Adult SFC Dental Services 2021- Benefit Design Overview Process

- Design Framework
 - Patient Comfort
 - Focus of overall oral health
 - Preventive and Education Restorative Model of Care
- Stakeholder Engagement
 - Added new members to DAC per budget language
 - Created and engaged an Adult Dental Committee with community providers: FQHC dentists, an ID?DD provider, DAC Members and the former VDA President
- Benefit Development
 - Focus on prevention, keeping disease-free, then restore
 - First 18-24 month period focuses on procedures that promote healthy gum tissue and supporting structures

Mantra for Adult Dental

- Prevention and Education
 - Strong periodontal goals
 - Up to 3 cleanings / year / medical necessity
- Build around what is salvageable
 - Restorations that support longevity
 - Extractions when needed for long term success
- Periodontal Maintenance
 - Gingival Health, Gingivectomy, Scaling/ Root Planing
 - Prosthetics (Dentures, Partials with time)

Countdown Updates

- Member, Provider and Stakeholder Engagement/Communications
 - Governor Northam signed provider recruitment letter and Virginia Dental Association sent to its 3900 members
 - Virginia Health Catalyst engaging members, providers, and stakeholders
 - DentaQuest
 - Provider and Member Communications
 - Network Development
 - DentaQuest Member Communications
 - DMAS – communication team
- Contractor/ Program Readiness
 - Currently working with a vendor to conduct an independent review to measure the readiness of DentaQuest in the following areas: Systems and Claims Payment Capability, Member/Provider Services and Networks

Challenges

- Network Adequacy

- Recruitment efforts
- Specialists
- Targeted populations
- DentaQuest provides weekly reports and updates
- Contracted Pat Finnerty to assist
- Meeting with regional groups
- Rates
 - Last rate increase was in 2005
 - Noted in DQ survey, by VDA, and Catalyst as a barrier

7. American Rescue Plan Act of 2021 (ARPA)

In accordance with Section 9811 of the American Rescue Plan Act of 2021, DMAS will be making changes to the State Plan in order to cover COVID-19 vaccines and vaccine administration fees for the limited benefit program called Plan First. The costs of both the vaccine and the vaccine administration fee will be covered by the federal government. This project is currently circulating for internal review.

8. New Business/Old Business

9. Adjournment

Moved by Kannan Srinivasan; seconded by Greg Peters to Adjourn @
11:59 a.m.

Motion : 10 - 0

Voting For: Greg Peters Dr, Peter R Kongstvedt MD, Kannan Srinivasan, Maureen S Hollowell, Michael H. Cook Esq., Patricia T Cook MD, Raziuddin Ali MD, Elizabeth Coulter, Elizabeth Noriega, Ashley Gray Voting Against: None



June 2021 Board Retreat: Report Summary

June 2021

Prepared by the:
PERFORMANCE MANAGEMENT GROUP
L. DOUGLAS WILDER SCHOOL OF
GOVERNMENT AND PUBLIC AFFAIRS
VIRGINIA COMMONWEALTH UNIVERSITY



VCU

Performance Management Group
L. Douglas Wilder School of Government and Public Affairs

Executive Summary

Michael Cook, Chair of the **Virginia Board of Medical Assistance Services (BMAS)**, initiated a full day board retreat for the board members to get to know one another and think strategically about their role and goals for the upcoming several years. Craig Markva, Manager of the Office of Constituent and Legislative Affairs at the **Virginia Department of Medical Assistance Services (DMAS)** contacted the **Performance Management Group (PMG)** within VCU's L. Douglas Wilder School of Government and Public Affairs regarding assistance with planning and guiding the retreat. To support this request, PMG facilitated a full-day session with BMAS Board Members and the Executive Director and Deputy Director for Administration of DMAS. The retreat discussion focused on the role of BMAS and its alignment with DMAS goals and objectives. A new subcommittee structure for the Board was also proposed with potential subcommittee functions and focus areas explored. This report presents a summary of retreat activities, discussion themes and agreed upon recommendations for both BMAS Members and DMAS Leadership.

Retreat Information

Board of Medical Assistance Services Retreat
9am – 3:30pm
June 23rd, 2021
600 Broad Street
Richmond, VA 23219
(Open remotely to the public)

BMAS Members

Eight of the eleven BMAS Members attended this retreat, with one of the members participating virtually from a remote location.

Michael H. Cook, Esq. (Chair) - Present
Member of the General Public
(Non-Health Care Provider)

Member of the Public
(Non-Health Care Provider)
*Participated virtually from remote location

Kannan Srinivasan (V. Chair) – Present*

Raziuddin Ali, MD - Present
Health Care Provider

Maureen Hollowell - Present
Health Care Provider

Ashley A. Gray – Present
Member of the General Public
(Non-Health Care Provider)

Elizabeth Noriega - Present
Member of the General Public
(Non-Health Care Provider)

Elizabeth M. Coulter - Present
Member of the General Public
(Non-Health Care Provider)

Ira G. Peters - Present
Health Care Provider

Peter Reid Kongstvedt, MD - Absent
Member of the General Public
(Non-Health Care Provider)

Alexis Yolanda Edwards – Absent
Health Care Provider

Patricia Taylor Cook, MD - Absent
Health Care Provider

Also present were:

Brooke Barlow,
(Board Secretary) and DMAS Public Relations Coordinator

Karen Kimsey, MSW
Director, DMAS

Sarah Hatton, MSW
Director of Administration, DMAS

James Burke, PhD,
Director, PMG

Linda Pierce, MBA
Associate Director, PMG

Sarah Delaney
Wilder School Fellow, PMG

Retreat Agenda

The retreat agenda was prepared collaboratively by Chair Michael Cook and PMG facilitators Dr. James M. Burke and Linda Pierce.

9:00	Welcome, Introductions by Board Members
10:15	Break
10:30	The Role of Board of Medical Assistance Services and its Members <i>Making a Difference and Finding Purpose as a Board Member</i>
12:00	Lunch
1:00	DMAS and BMAS: Developing Shared Expectations Committee and Advisory Group Structure Discussion Business Meeting: Discussion of Potential By-Law Amendment Regarding Remote Participation Under Limited Circumstances
2:30	Break
2:45	Developing a Board Culture: Identifying and Living the Values as a Team
4:00	Adjourn

Introduction

To both establish and reinforce a set of shared values, the retreat began with introductions that focused on personal backgrounds and experiences related to health care access. All participants were asked to describe their “why” for supporting the DMAS mission. A joint passion for health care access and a dedication to serving the most vulnerable populations emerged as underlying themes, underscoring the Board’s commitment to DMAS and the people they serve. More importantly, these stories helped set the tone for an inspiring session driven by the will to serve in partnership. Following introductions, Board members and DMAS leaders engaged in a rich discussion about the current roles, future directions, and overall structure of BMAS. This report summary reflects the underlying themes and recommendations captured from this retreat. Furthermore, this document may help guide BMAS members as they continue working in partnership with DMAS to improve the health and well-being of Virginians through access to high-quality care and services.

Opening Remarks

Before addressing the proposed agenda items, the BMAS Chair, Michael Cook, posed a central question for members to consider— *does the group aim to function as a policy or advisory board?* The Chair also encouraged members to reflect on potential opportunities and strategies for working more effectively with DMAS leaders and staff, as well as ways in which they may deepen their service. Team building among members and increasing overall impact were also highlighted as primary goals of this retreat.

Discussion Summary

BMAS Role

Following introductions and opening remarks from the BMAS Chair, members were asked to think about how the Board can more fully support DMAS goals and objectives moving forward. To ensure high levels engagement, a rich quality of discussion, and equal opportunity for all members to participate, PMG facilitators divided participants into the following break-out groups:

Group 1: Elizabeth Coulter, Maureen Hollowell, Greg Peters, and Kannan Srinivasan

Group 2: Michael Cook, Elizabeth Noriega, Raziuddin Ali, and Ashley Gray

Each break-out group was given approximately fifteen minutes to reflect on the Board-Department partnership and identify strategies for creating better alignment of BMAS and DMAS goals. Members then reconvened to present a summary of their discussion to the larger group.

Group 1 Summary

Members expressed a desire to increase their involvement in policy work by helping with planning, advocacy and implementation of federal and state initiatives. Although the Board receives frequent updates on emerging health care regulations, members felt that more opportunities for dialogue around evolving policies would be beneficial. Receiving pertinent information—such as reports from DMAS staff on specific initiatives of concern—ahead of Board meetings could

help members develop a better understanding of the long-term strategic plans and focus areas of DMAS. It was noted that this was especially true for any regulatory policies enforced by the State Commission Corporation.

To increase involvement, members proposed that the Board designate a small group of representatives to meet with DMAS staff in-between regularly scheduled meetings. This model would allow for updates on key topics and agency priorities to be shared and then reported out at the following Board meeting. This suggestion initiated a larger discussion on proposed work groups, where members could organize in teams to provide greater support to specific DMAS policy areas. (The Developmental Disability Waiver was cited as one example.) It was determined that an established method for sharing key issues, as well as DMAS strategies and approaches, would be needed.

Group 2 Summary

The second group asked DMAS leaders where they could be of more assistance in supporting department goals. More specifically, members wanted to know how they could more constructively add their abilities and skill sets to ongoing initiatives. Regarding policy and planning, there was agreement that a better understanding of department priorities was required to support regulations.

Members identified the following needs:

- Regulatory calendar and anticipated timeframes for decision making so the appropriate member(s) can contribute their skills to specific issues as they arise.
- Mechanism for exploring policy topics on a deeper level (i.e., work groups or subcommittees in addition to special sessions).
- Budget summary or document that identifies department priorities, enabling members to provide targeted and timely assistance and input.
- List of DMAS Committee meeting dates and details received in advance of their convening, so that members interested in attending have time to plan and prepare.

Overall, both groups emphasized a shared desire to be of greater service in executing department priorities related to transformational aspects of the agency's work. There was agreement that establishing better communication pathways—either through subcommittees or special sessions—would allow members to provide more timely contributions to DMAS outside of quarterly scheduled meetings.

DMAS Leaders

Karen Kimsey, DMAS Director, and Sarah Hatton, DMAS Deputy Director, Administration, extended their appreciation to each member for their passion and enthusiasm to serve. They explained that DMAS is working on five key priority areas and welcomed the Board's expertise in advancing their supporting goals. For example, rate setting, payment drives, and product is one area where Director Kimsey felt the Board could be especially helpful.

DMAS Committee Meetings

Members reported experiencing challenges while using the online registration page for Townhall events and DMAS Committee meetings. After some discussion, it was determined that a calendar of committee meetings would be sent out to the Board separate from the virtual calendar posted on the agency website. Moving forward, any members interested in attending committee meetings will inform Director Kimsey and her team two-weeks prior to the meeting date. Once DMAS is notified, DMAS staff will ensure members are properly registered for any event and that all relevant materials and briefings are forwarded ahead of the meeting. The BMAS Secretary also shared a power-point with the most current DMAS Committees list (See Appendix A).

Proposals for Board Committee Structures

During the latter session of the retreat, members spent the remainder of the retreat re-evaluating the existing Board structure and exploring the potential for subcommittees. Members requested that the topic of Board Committee Structure be discussed among the entire group, as opposed to two separate break-out groups, due to the small number in attendance.

There was unanimous agreement among members that the Board would benefit from establishing subcommittee groups. This new structural model would serve two specific purposes: 1) enable members to provide targeted, high-level support to DMAS in identified priority areas and 2) help establish better communication pathways between DMAS staff and BMAS members. It was determined that subcommittees would meet with designated DMAS teams and staff, depending on topic area, outside of quarterly Board meetings. However, several members expressed concern that the addition of subcommittees may test the Board's ability to comply with federal requirements for gubernatorial boards, as established by the Freedom of Information Act (FOIA). The issue of submitting a request for exemption to FOIA rules requiring in-person meetings is discussed in the following section.

Dissenting Opinions

FOIA Exemption Request

For DMAS to fulfill its critical mission to the public, it is imperative that Board members continue to represent the diverse backgrounds, experiences, and needs of the people accessing DMAS programs and services. For this reason, many members reside in different regions throughout the Commonwealth. While long travel times are manageable on a quarterly basis to attend Board meetings, the addition of subcommittee meetings may cause some strain on members traveling from outside the Richmond area. It was agreed that virtual subcommittee meetings would be in the overall interest of the Board's members and their work. However, one member was opposed to requesting the FOIA Exemption needed to require virtual meetings following Governor Northam's lifting of the state emergency order (active June 30th, 2021). The Chair and other members acknowledged and thanked this member for sharing this opinion but left open that option. After much discussion and consultation from Davis Creef, legal counsel of the Assistant Attorney General Office, it was determined that subcommittee meetings will need to be held in-person until further notice.

BMAS Subcommittee Areas

Members initially proposed three subcommittee groups to focus on the following three areas:

- 1) Strategic Planning and Policy

- 2) Community Engagement and Learning
- 3) Emerging Issues Committee

DMAS Leaders expressed their full support for Board Subcommittee groups. However, they did not feel there was a need for both a Strategic Planning and Policy Committee and Emerging Issues Committee. As the majority of DMAS policies are driven by and aligned with General Assembly initiatives, it was determined that the Board can still achieve their goals with two subcommittees. Furthermore, with respect to DMAS capacity and the relatively small BMAS membership, everyone agreed that two subcommittees are appropriate. Therefore, it was agreed that emerging issues could be encompassed within a strategic planning and subcommittee.

Recommendations to DMAS Leadership

BMAS members made the following recommendations for DMAS:

- Support the appropriate DMAS staff(s) in attending the September 2021 BMAS Meeting to present information on DMAS Committees that includes points of contact, current activities, and focus areas.
- Share any relevant budget documents, such as fiscal impact statements and/or expenditure summaries, with BMAS members to support their learning about department priorities.
- Distribute an annual or quarterly calendar of DMAS Committee meetings to all BMAS members and assist members desiring to attend through event registration and forwarding of materials.
- Share information with BMAS Members on their 5 key focus areas and where their skillsets or expertise may be beneficial in meeting goals.

Recommendations to BMAS Members

BMAS members, in partnership with DMAS Leaders, made the following recommendations for BMAS:

- Form the following two subcommittees to deepen the contributions of each member and provide more timely support to DMAS:

1. Community Engagement and Learning
(Interested Members)
 - Elizabeth Noriega
 - Raziuddin Ali
 - Elizabeth Coulter
 - Michael Cook – to provide dual support
2. Policy and Strategic Planning
(Interested Members)
 - Ashley Gray
 - Maureen Hollowell
 - Greg Peters
 - Kannan Srinivasan
 - Michael Cook – to provide dual support

- Each BMAS member attends a minimum of one meeting for one or several of DMAS Committees to learn more about their activities and where their skill sets may be of service.
- Extend September BMAS Meeting to incorporate subcommittees:
 - **September 8th, 2021: BMAS Meeting Schedule**
10:00 – 11:30 am: Subcommittees meet independently, discuss roles, plan, and communication.
11:30 – 12:00 pm: Subcommittees report back to BMAS group
12:00 pm – 2:00 pm: Full Board meeting

Closing Remarks

DMAS Leadership

Director Kimsey thanked members for their eagerness and reinforced the importance of their partnership. She acknowledged that the past year's COVID response work had placed added strain on DMAS Staff, leading to delays in reports sent to members. Additionally, while the department was proud to implement the historic expansion of Medicaid, this success has led to more initiatives that have increased workload. Yet she reassured the Board that DMAS staff has the capacity to submit information in advance and thanked members for their understanding. Furthermore, Director Kimsey is willing to revisit DMAS strategies, goals, and

values with the Board. DMAS Leadership is also willing to work with the Board to create a subsequent strategic planning document, should this benefit the partnership. She emphasized that there are many facets and components for members to get involved in and agreed that subgroups will support DMAS work and mission.

BMAS Members

PMG facilitators closed the meeting by asking participants to share what they thought went well throughout the retreat. The follow is a list of responses from members:

- Identified shared agreement and core values.
- Members felt heard and valued.
- Strong team driven by common goals and passion.
- Joint commitment to service shows a true partnership.
- Members feel moved to action.
- Excitement about outcome of subcommittees.
- Sharing stories helped personalize members.
- Team building goal accomplished.
- Gratitude and praise for Karen's leadership and the contributions of DMASS staff.

Agenda Items for September BMAS Meeting

- Subcommittee communication with DMAS staff:
 - Frequency, timing, and format(s). Communication for the subcommittees and when, in what format?
- BMAS Subcommittee roles:
 - Points of contact, next steps, meeting availability

Appendix A: DMAS Department Committees

In addition to participation in Department workgroups or committees pursuant to Section 5.3 of the Board's Bylaws, Board members are encouraged to attend meetings of any committee of the Department with stakeholders, including, but not limited to:

- Dental Advisory Committee (DAC)
- Drug Utilization Review Board (DUR)
- Managed Care Advisory Committee (MCAC)
- Medicaid Hospital Payment Policy Advisory Council (MHPPAC)
- Medicaid Physician & Managed Care Liaison Committee (MPMCLC)
- The Pharmacy and Therapeutics Committee (P&T)
- Medicaid Payment Policy & Care Coordination Committee (MPPCC)
- External Financial Review Council (EFRC)
- Member Advisory Council (MAC)
- Children's Health Insurance Program Advisory Committee (CHIPAC)
- Pharmacy Liaison Committee (PLC).

DMAS staff shall provide information regarding meeting schedules to the Board to facilitate member attendance and involvement.

2.7 Electronic Participation in Meetings – An individual member may participate in a meeting of the Board or a public meeting of any committee established by the Board through electronic communication from a remote location for the following reasons, as permitted by § 2.2-3708.2 of the Code of Virginia:

1. A temporary or permanent disability or other medical condition prevents the member's physical attendance;
2. A family member's medical condition that requires the member to provide care for such family member, thereby preventing the member's physical attendance; or
3. A personal matter prevents the member's physical attendance.

Procedure for Approval:

1. Notification: The member requesting to participate through electronic communication from a remote location must notify the Board or committee chair on or before the day of the meeting.
2. Quorum: A quorum of the Board, or a simple majority of the committee, must be physically assembled at the primary or central meeting location identified in the public notice required for the meeting.
3. Technological Arrangements: Arrangements must be made for the voice of the remote participant to be heard by all persons at the primary or central meeting location.
4. Documentation: The specific reason the member is unable to attend the meeting, and the remote location from which the member participates, shall be recorded in the meeting minutes. The nature of the personal matter shall also be included in the minutes. Pursuant to Va. Code § 2.2-3708.2(A)(2), the remote location from which the member participates need not be open to the public.
5. Limitation: Members may only participate through electronic communication due to personal matters for no more than two meetings of the Board or committee per calendar year. This limitation shall not apply to electronic participation due to a member's disability or medical condition, or to a family member's medical condition that prevents the member's physical attendance.
6. Approval Process: A member's participation from a remote location shall be approved by a vote of the other members of the Board or committee, unless such participation would violate this policy or the provisions of the Virginia Freedom of Information Act (FOIA). If the other members of the Board or committee vote to disapprove the member's electronic participation from a remote location, such disapproval shall be recorded in the minutes.

Current Bylaws read:

5.4 Department Committees - In addition to participation in Department workgroups or committees pursuant to Section 5.3, Board members are encouraged to attend meetings of any committee of the Department with stakeholders, including, but not limited to, the Dental Advisory Committee, the Drug Utilization Review Board, the Family Access to Medical Insurance Security (FAMIS) Outreach Oversight Committee, the Managed Care Advisory Committee, the Medicaid Hospital Payment Policy Advisory Council, the Medicaid Physician Advisory Committee, the Medicaid Transportation Advisory Committee, the Pharmacy and Therapeutics Committee, and the Pharmacy Liaison Committee. DMAS staff shall provide information regarding meeting schedules to the Board to facilitate member attendance and involvement.

Proposed Amendment:

5.4 Department Committees – In addition to participation in the Department workgroups or committees pursuant to Section 5.3, Board members are encouraged to attend meetings of any committee of the Department with stakeholders. DMAS staff shall provide information regarding the current committees and meeting schedules to the Board in a timely manner to facilitate member attendance and involvement. Whenever such a committee is added or terminated, DMAS staff shall promptly provide such information to the Board.



Cardinal Care

***BMAS Update
Karen Kimsey, Director
November 30, 2021***

Cardinal Care Value

Goal: Unify the managed care programs under a single managed care contract for a more efficient and well-coordinated system of care for members and providers.

Adds value for our members

- Streamlines processes for members, eliminating the need for unnecessary transitions between two managed care programs; avoids confusion for members with family members in both programs and drives equity in a fully integrated, well-coordinated system of care
- Allows for improved continuous care management and quality oversight based on population-specific needs

Adds value for our providers

- Streamlines the contracting, credentialing and billing processes for providers

Adds value for DMAS, MCOs & the Commonwealth

- Combines the two managed care contracts and two managed care waivers, and streamlines the rate development and CMS approval processes
- Will allow DMAS to operate with greater efficiency and effectiveness, and provides enhanced opportunity for value-based payment activities to promote enhanced health outcomes

Cardinal Care Status and Timeline

July – Nov 2020
Building the nest



Convened initial work groups to develop high-level implementation plan and report for the General Assembly:

<https://rga.lis.virginia.gov/Published/2020/RD567/PDF>

Nov 2020 – Feb 2021
Baby birds!



Pre-implementation phase:

- Contract alignment work begins
- Convening key work groups
- Rebranding planning work commences
- Calls with other states to gather best practices

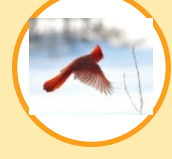
Feb – June 2021
Leaving the nest



Implementation planning phase:

- 2021 Appropriations Act provided authorization/funding to combine MCO Contracts for July 1, 2022
- Contracted with Manatt Health, a national consulting firm with extensive Medicaid expertise to:
 - Facilitate stakeholder design sessions and provide guidance and assistance with contract consolidation, including leveraging federal flexibilities and national best practices
 - Perform assessment and make recommendations for how DMAS can strengthen internal policies, procedures, tools, and organizational infrastructure for improved monitoring, oversight and transparency

June 2021 – July 2022
Taking flight



Project in full implementation mode, as part of a phased implementation, including:

- Stakeholder engagement,
- Contract and rate consolidation,
- Systems changes,
- Program authorities, including CMS 1915 (b) waiver and state regulations
- Branding, outreach and communications activities to support a July 1, 2022 implementation date (phase 1)

Phase 1 Focus Areas for July 1, 2022

Managed Care Contracts and Program Authorities

- Consolidate contracts and rates for a go-live date of July 1, 2022
- Consolidate our two managed care, 1915(b) waivers and revise managed care regulations

Model of Care

- Adjust model of care to drive right care, right time, right place based on member need/risk
- Streamline reporting/administrative processes

Oversight and Compliance, Transparency

- Streamline and improve reporting/administrative processes
- Ensure sufficient levers for monitoring and oversight activities, including network adequacy

Systems Changes

- Phase 1 includes minimal changes to avoid impact to MES testing implementation and timeline; public-facing information will drop the use of CCC Plus and Medallion program names
- Phase 2 (FY 23) includes enhancements to more fully support policy and program improvements

Cardinal Care Branding and Outreach

- Uses a strategic and feasible roll-out. Initial phase will include marketing campaign and use of Cardinal Care logo on member facing materials and ID cards

Phased approach; aligns with the Cardinal Care blueprint plan, submitted to the GA Nov 2020

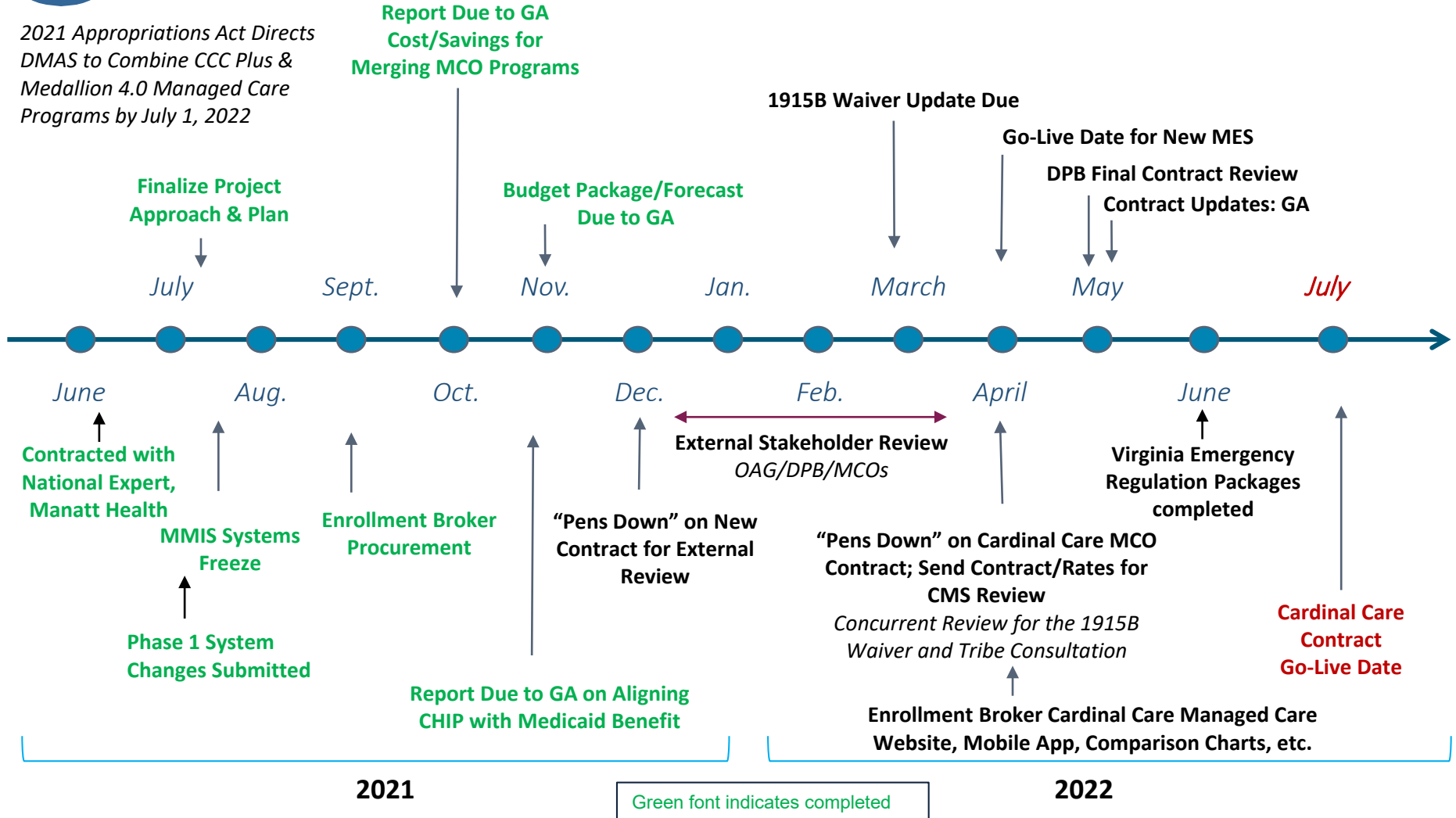
Cardinal Care Logo



Cardinal Care Timeline & Key Dates

Objective: Implement a consolidated managed care contract by July 1, 2022.

2021 Appropriations Act Directs DMAS to Combine CCC Plus & Medallion 4.0 Managed Care Programs by July 1, 2022



Ongoing Projects

- Budget items
- Supporting evacuees
- Public health emergency unwinding
- Doulas and postpartum coverage

Appendix – Appropriations Act Requirements

2020 Appropriations Act

- Item 313.E.8 required DMAS to develop a plan to create a unified managed care program
- Report available here:
<https://rga.lis.virginia.gov/Published/2020/RD567/PDF>
- Item 313.E.7 required DMAS to conduct a companion analysis on the costs and benefits of combining the MLRs and underwriting gain provisions
- Report available here:
<https://rga.lis.virginia.gov/Published/2020/RD689/PDF>

2021 Appropriations Act

- Item 313.EE authorizes and provides funding for DMAS to move forward with combining the CCC Plus and Medallion 4.0 programs effective July 1, 2022
<https://budget.lis.virginia.gov/item/2021/2/HB1800/Enrolled/1/313/>
- EE/3 - Also requires DMAS to complete two additional reports: (1) analysis of combining FAMIS and children's Medicaid programs and (2) analysis of financial impact of a unified program



COMMUNITY ENGAGEMENT AND LEARNING SUBCOMMITTEE
BOARD OF MEDICAL ASSISTANCE SERVICES
NOVEMBER 30, 2021 – 10:00 A.M. – 11:30 A.M.

Meeting Objective/Purpose: The purpose of this meeting is to discuss current member engagement, education, and outreach priorities and initiatives at DMAS.

Facilitator: Natalie Pennywell

Meeting Attendees		
Name	Role	Attendance
Sarah Hatton	Deputy of Administration	
Elizabeth Noriega		
Elizabeth Coulter		
Raziuddin Ali		
Peter Kongstvedt		

Item	Topic	Presenter
1	Introductions	
2	Subcommittee Lead - Group Conversation	
3	Setting Goals/Purpose of Work - Group Conversation	

Action Items

Item #	Action Item	Owner	Status/Next Steps	Due Date
1	Set agenda for next meeting	BMAS Lead	Send potential topics for next meet no later than one month prior to next scheduled (12/8//21) meeting.	November 7, 2021



POLICY AND STRATEGIC PLANNING SUBCOMMITTEE
BOARD OF MEDICAL ASSISTANCE SERVICES
NOVEMBER 30, 2021 – 10:00 A.M. – 11:30 A.M.

Meeting Objective/Purpose: The purpose of this meeting is to discuss current member engagement, education, and outreach priorities and initiatives at DMAS.

Facilitator: Emily McClellan

Meeting Attendees		
Name	Role	Attendance
Rich Rosendahl	HEEP Deputy & Division Director	
Ashley Gray		
Maureen Hollowell		
Greg Peters		
Kannan Srinivisan		
Michael Cook		
Basim Khan		

Item	Topic	Presenter
1	Introductions	
2	Subcommittee Lead - Group Conversation	
3	Setting Goals/Purpose of Work - Group Conversation	

Action Items

Item #	Action Item	Owner	Status/Next Steps	Due Date
1	Set agenda for next meeting	BMAS Lead	Send potential topics for next meet no later than one month prior to next scheduled (12/8//21) meeting.	November 7, 2021

Special Session

1

Addressing Eligibility Related Operational Backlog

\$10M
+ \$5M

- Address operational backlogs by hiring contractors to assist with eligibility re-evaluations and member appeals. Funding also will be used to perform COVID-19 related outreach and engagement activities

2

\$5 NF Per Diem Payment

\$31.1M

- Funding to pay \$5 per diem payments to nursing homes

3

12.5% rate increase (HCBS)

- Temporarily increase rates by 12.5% effective 7/1/21 for all Home and community Based Services (HCBS) services eligible “under guidance from CMS”.

4

\$1,000 PCA Payment

- Issue one-time \$1,000 payments for personal care attendants (PCA), DMAS to begin implementing effective 10/1/2021

5

Additional use of reinvestment dollars (w/DBHDS)

- Develop strategies for consideration in the 2022 General Assembly to re-invest General Fund funding freed up by the 10% enhanced match from the federal government. By 10/1/2021, DMAS must report these strategies including 6-year cost projections to Governor, Money committees, and Department of Planning and Budget.
- DMAS must:
 - Identify strategies to enhance HCBS by creating capacity to meet growing demand, and support structural changes to strengthen the HCBS system,
 - Work with DBHDS and CMS to identify opportunities to use reinvestment dollars to divert individuals who are at risk of institutionalization in state facilities, and
 - Prioritize strategies that do not require significant on-going obligations or rely on rate increases.

Medicaid Enterprise System (MES) Update

- The MES program is currently in **“GREEN”** status and on track for implementation on **April 4, 2022**. The MES Integrated Master Schedule (IMS) currently reflects **75%** work complete across the program.
- Five modules have already gone live; the remaining modules (three in total) will launch with MES next year (see next slide).
- To create a more stable environment from which to launch MES, the program has instituted the following:
 - “Freeze” of the Medicaid Management Information System (MMIS): limits system development to only necessary, vetted items.
 - Provider Enrollment Abatement: a 45-day “pause” in provider enrollments prior to go-live within the Provider Services Solution (PRSS) module.
- Project teams are currently focused on executing modular User Acceptance Testing (UAT) and Integration activities.
- Major near term milestones include:
 - End to End Testing: tests the behavioral flow and cohesiveness of all the modules.
 - Operational Readiness & Implementation Planning: activities necessary to prepare the agency and its partners for cutover to MES next year (e.g., training, communications, etc.).

MES Modular Overview

MES Modules



Sister Agencies

MCOs

External Vendors

Trading Partners

Module Names (Vendor)	Acronym
Integrated Services Solution (Deloitte)	ISS
Provider Services Solution (Gainwell)	PRSS
Medicaid Management Information System (Conduent)	MMIS
Encounter Processing Solution (DMAS)	EPS
Care Management Solution (DMAS)	CRMS
Enterprise Data Warehouse Solution (Optum)	EDWS
Pharmacy Benefit Management Solution (Magellan)	PBMS
Appeals Information Management System (VIP)	AIMS

**ADULT DENTAL IMPLEMENTATION
UPDATE
BMAS MEETING
NOVEMBER 30, 2021**



**CHERYL J. ROBERTS
DEPUTY OF PROGRAMS AND
OPERATIONS**

WE'RE LIVE - THANK YOU!



On July 1, DMAS launched a comprehensive **adult** dental benefit providing coverage to approximately 800,000 members!!

A HEALTHY BODY STARTS WITH A HEALTHY MOUTH

MEDICAID POPULATION NEEDED ORAL HEALTH SERVICES

IMPACTS BEYOND THE MOUTH

Growing evidence connects a healthy mouth with a healthy body. Here are some examples showing why oral health is about much more than a smile:

High Blood Pressure

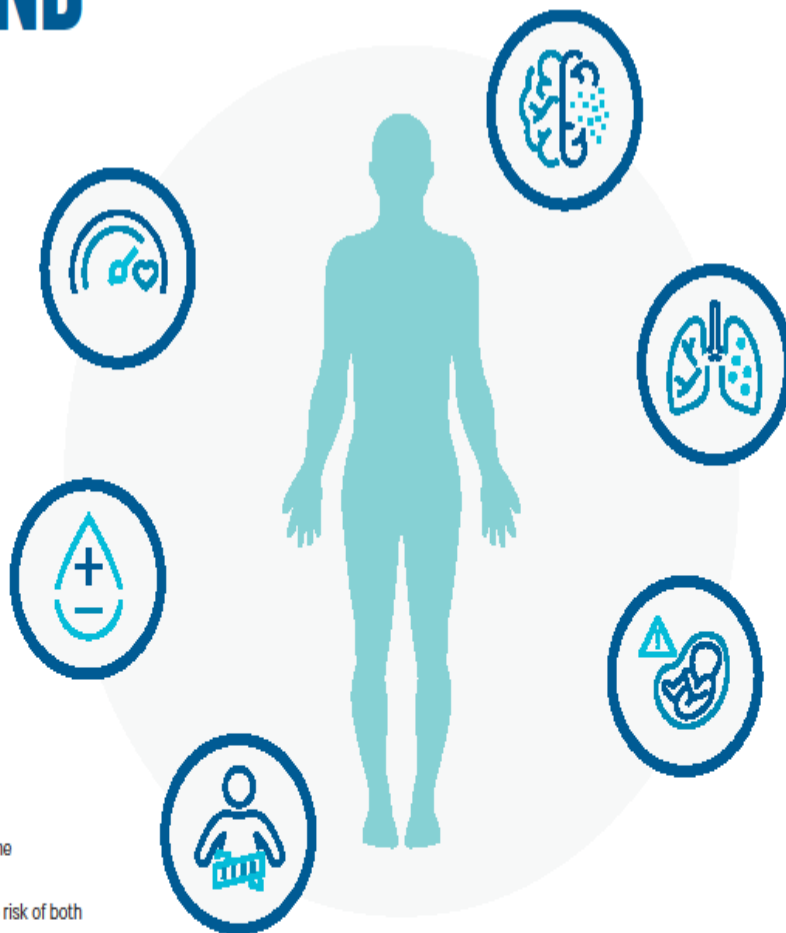
- Putting off dental care during early adulthood is linked to an increased risk of having high blood pressure.¹
- Patients with gum disease are less likely to keep their blood pressure under control with medication than are those with good oral health.²

Diabetes

- Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.³
- Diabetes raises the risk of developing gum disease by 86%.⁴

Obesity

- Brushing teeth no more than once per day was linked with the development of obesity.⁵
- Frequent consumption of sugar-sweetened drinks raises the risk of both obesity⁶ and tooth decay among children⁷ and adults.⁸



Dementia

- Having 10 years of chronic gum disease (periodontitis) was associated with a higher risk of developing Alzheimer's disease.⁹
- Researchers report that uncontrolled periodontal disease "could trigger or exacerbate" the neuroinflammatory phenomenon seen in Alzheimer's disease.¹⁰

Respiratory Health

- Research shows that improving oral hygiene among medically fragile seniors can reduce the death rate from aspiration pneumonia.¹¹
- Patients with ventilator-associated pneumonia (VAP) who engaged in regular toothbrushing spent significantly less time on mechanical ventilation than other VAP patients.¹²
- Improving veterans' oral hygiene reduced the incidence of hospital-acquired pneumonia (HAP) by 92%, preventing about 136 HAP cases and saving 24 lives.¹³

Adverse Birth Outcomes

- Gum disease among pregnant women is associated with preterm births, low birthweight babies and preeclampsia, a pregnancy complication that can cause organ damage and can be fatal.¹⁴

DentaQuest
Partnership
for Oral Health Advancement

ADULT DENTAL SERVICES 2021 – OVERVIEW



Implementation Steps:

- Federal Approval – Approved
- Design Benefit Package – Complete
- Dental Advisory Committee engagement – Ongoing
- Provider Recruitment – Ongoing
- System Changes – Complete
- Vendor Changes – Complete
- Member & Provider Education – Ongoing
- Stakeholder Engagement – Ongoing

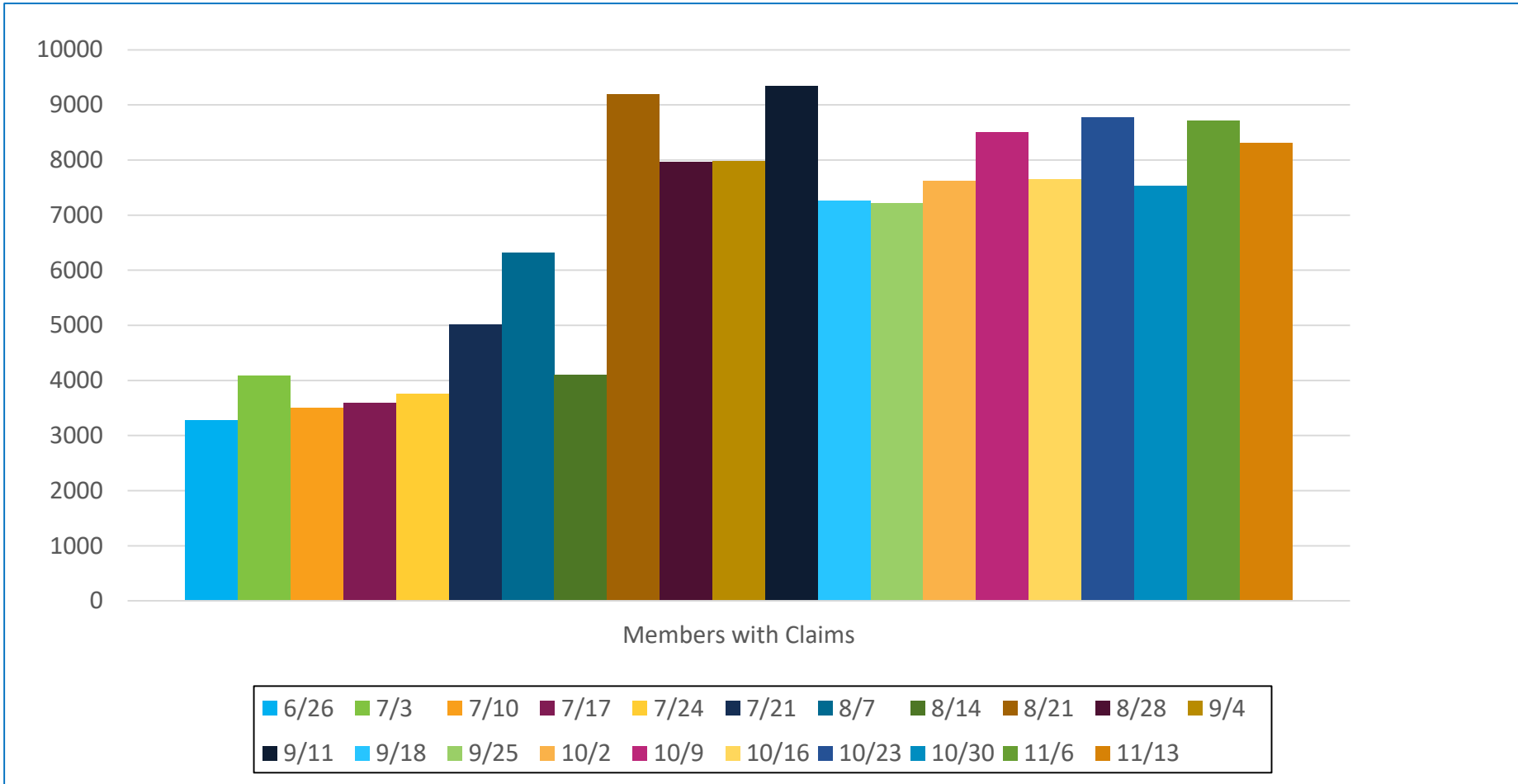
PROGRAM STATUS

It's working!

- **79,000 unique members** and 133,000 claims under the adult dental benefit since July 1
- Operations are running smoothly
 - Calls are being answered
 - Claims are being paid (\$33M)
- Dental Advisory meetings for updates and guidance
- Numerous articles and presentations on the program

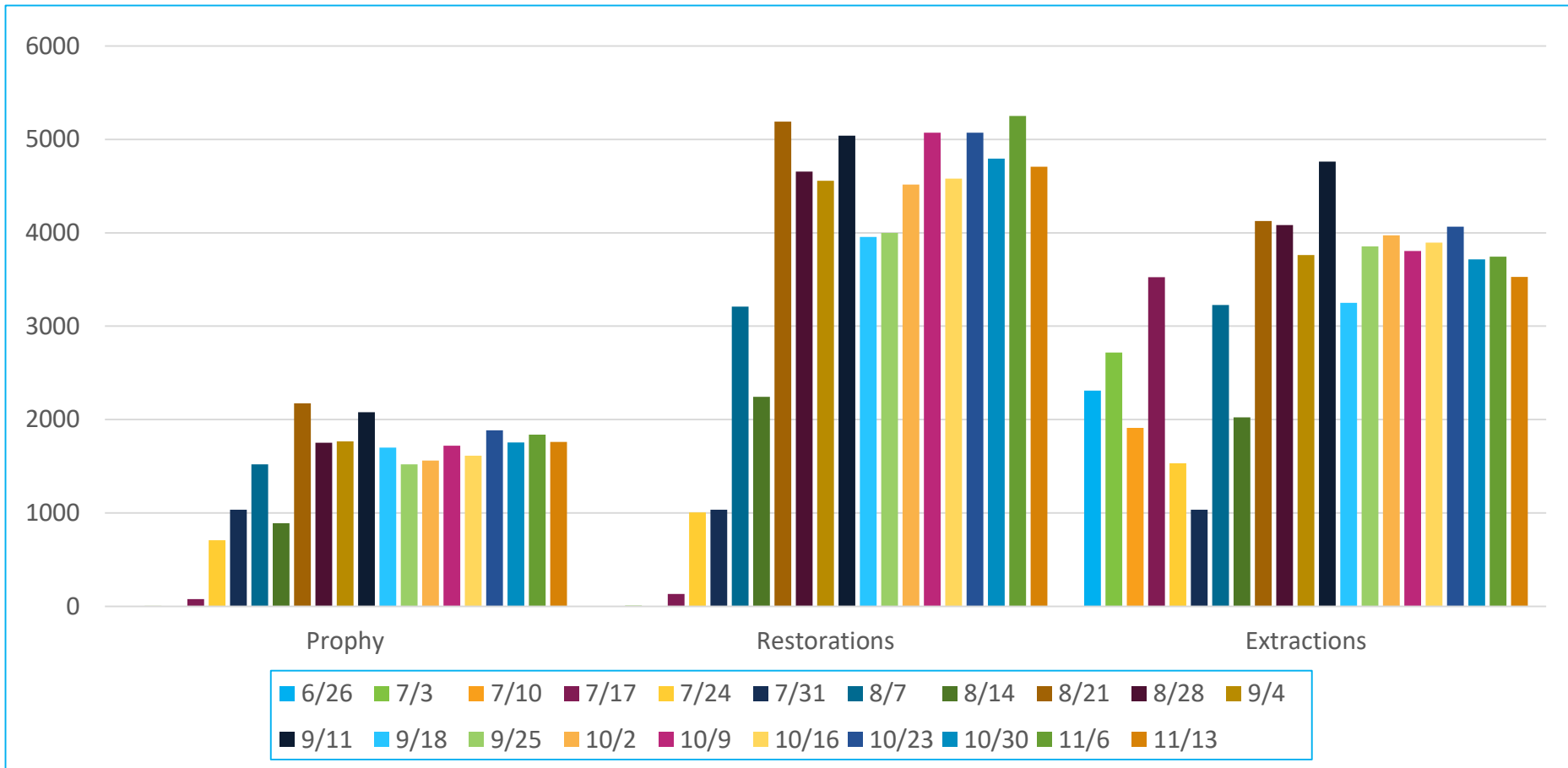


ADULT BENEFIT: MEMBERS WITH CLAIMS



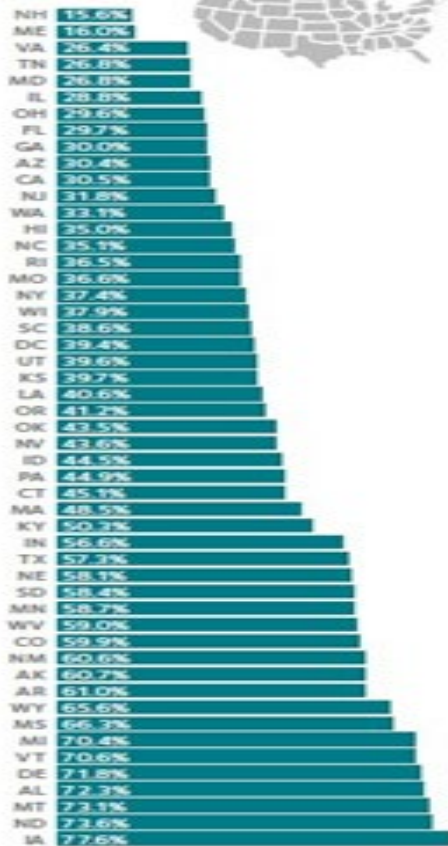
79,900 Adults have received treatment since 07/01/21

ADULT BENEFIT: UTILIZATION BY CODES

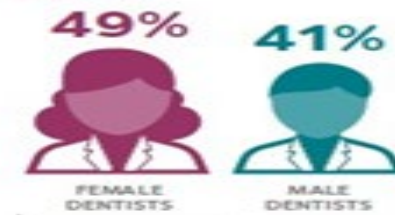


DENTIST PARTICIPATION IN MEDICAID

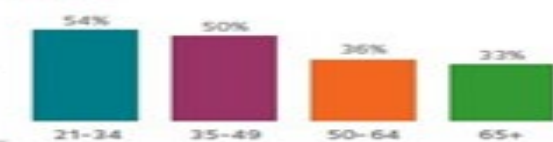
BY STATE



BY GENDER



BY AGE



BY SPECIALTY

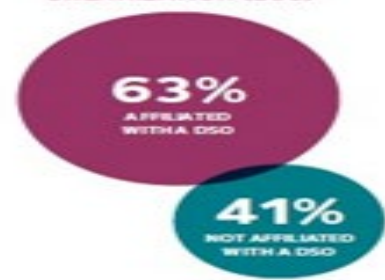


43%
OF U.S. DENTISTS
participate in Medicaid
or CHIP for child
dental services

BY RACE/ETHNICITY



BY AFFILIATION WITH A DENTAL SERVICE ORGANIZATION (DSO)



Sources: Analysis of the HPI's Office Database maintained by the American Dental Association (2019) and Insure Kids Now data (2019).
Note: CHIP is Children's Health Insurance Program. For full methodology, please contact: hpi@ada.org

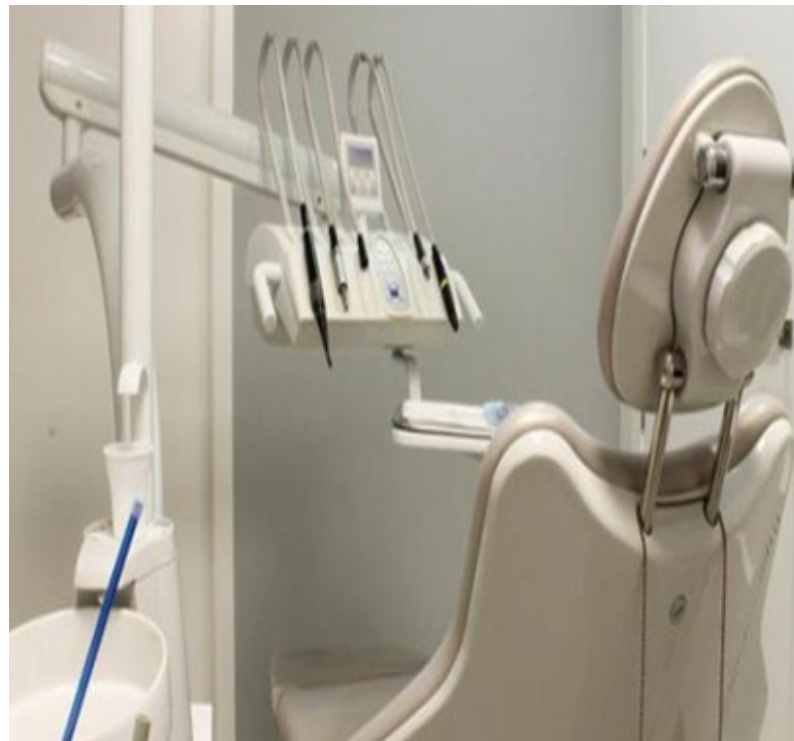
PROGRAM CHALLENGES

- Network Adequacy
 - Dataquest provides weekly reports and updates
 - Ongoing recruitment and participation efforts
 - Dentists are retiring
- Inadequate Rates
 - Last rate increase was in 2005
 - Noted as a recruitment barrier in several surveys
- Increase Pediatric Utilization

NEXT STEPS

- Hired a Dental Program Lead – Welcome Justin Gist
- Continuing provider recruitment efforts (focused on specialists and geographic areas)
- Working with Virginia Dental Association
- Pregnant women – new eligibility changes and working through transitions of the pregnant women benefit into adult benefit
- Focus on special populations
- Releasing the RFP for new Dental Contractor
- Watching the Governor's budget and General Assembly for possible program and rate changes

QUESTIONS?



JULY 1, 2021 NEW PROGRAMS & IMPLEMENTATIONS

NOVEMBER 30, 2021

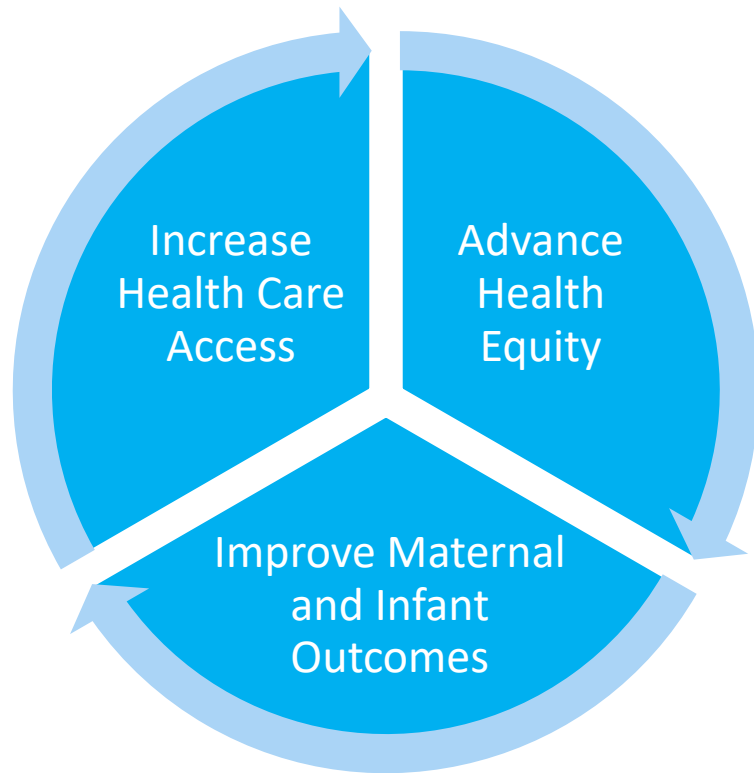
SARAH HATTON, DEPUTY OF ADMINISTRATION
TAMMY WHITLOCK, DEPUTY FOR COMPLEX
CARE AND SERVICES



New Programs & Implementations – July 1, 2021

- ❑ Unborn Child Option (FAMIS Prenatal Coverage)
- ❑ Other Administrative implementations
- ❑ American Rescue Plan Act (ARPA) Funding - Eligibility & Enrollment COVID-19 Unwinding
- ❑ American Rescue Plan Act (ARPA) Funding – Home and Community-based Services
- ❑ Enhancement of Behavioral Health Services – Project BRAVO

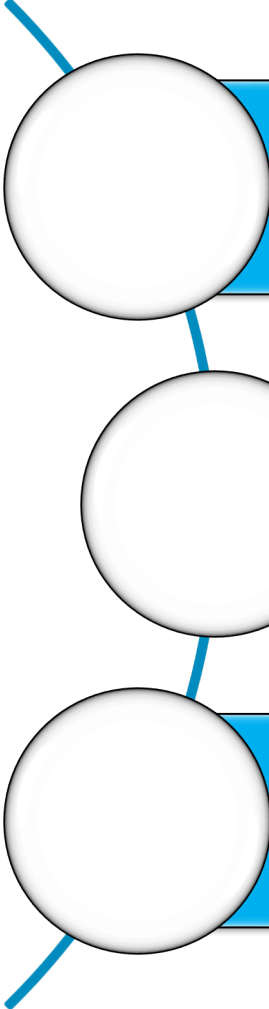
New FAMIS Prenatal Coverage



- ***Comprehensive prenatal coverage for pregnant individuals regardless of immigration status***

FAMIS Prenatal Coverage

As of July 1, pregnant individuals are eligible regardless of immigration status



The 2021 Special Session I budget created a new FAMIS/CHIP prenatal coverage option for individuals who otherwise meet eligibility criteria for FAMIS MOMS or Medicaid Pregnant Women but are ineligible because they do not have lawfully residing status.

Previously these individuals, primarily undocumented immigrants, were not eligible for Medicaid or FAMIS coverage, except that some (with income less than 148% of the federal poverty level) qualified for coverage of the birth through Emergency Medicaid.

Individuals are eligible to enroll when they learn they are pregnant and receive full comprehensive coverage during the prenatal period, through labor and delivery, and 60 days postpartum.

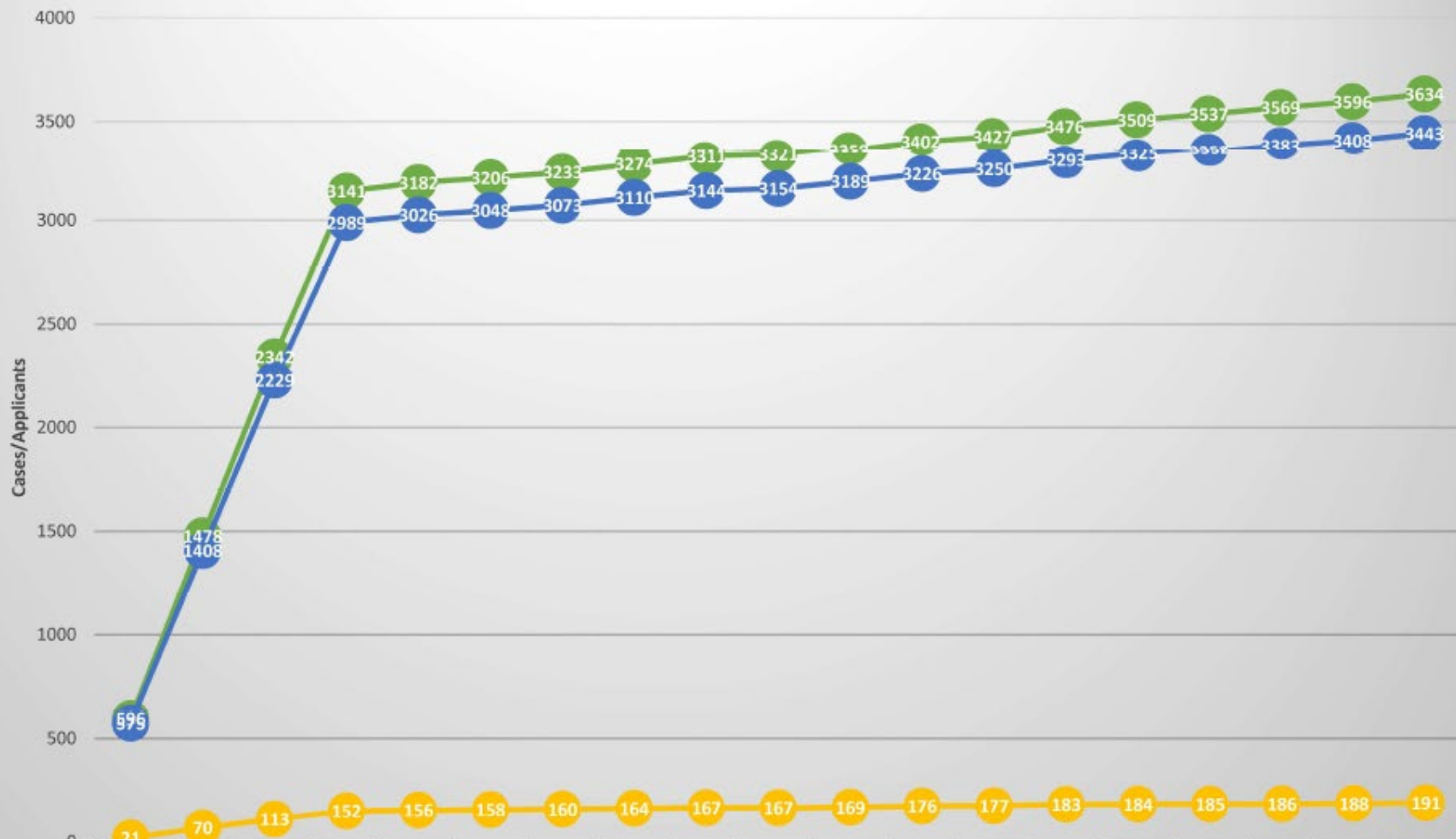
What Is Covered?

Covered benefits include, but are not limited to:

- ✓ Prenatal checkups
- ✓ Prenatal screening and testing
- ✓ Labor and delivery, including inpatient hospital stay
- ✓ General and specialty care for other health concerns
- ✓ Prescription medication
- ✓ Dental coverage
- ✓ Behavioral health care, including screening and treatment for mental health conditions, tobacco cessation, and substance use disorders

Enrollment Data as of 11/19/2021

FAMIS PC Daily Count



	July'21	August' 21	Sept'21	Oct'21	11/1/21	11/2/21	11/3/21	11/4/21	11/5/21	11/7/21	11/8/21	11/9/21	11/10/21	11/12/21	11/15/21	11/16/21	11/17/21	11/18/21	11/19/21
Total FAMIS PC	596	1478	2342	3141	3182	3206	3233	3274	3311	3321	3358	3402	3427	3476	3509	3537	3569	3596	3634
AC 110 Total	575	1408	2229	2989	3026	3048	3073	3110	3144	3154	3189	3226	3250	3293	3325	3352	3383	3408	3443
AC 111 Total	21	70	113	152	156	158	160	164	167	167	169	176	177	183	184	185	186	188	191

Other 7/1 Implementations

One Number for State Benefits

- DMAS and Virginia Department of Social Services (VDSS) collaborated to develop a new toll-free number for the state benefits call centers.
- The call centers include:
 - Cover Virginia
 - Enterprise Call Center
 - Medicaid Member Helpline
- The purpose of the new toll-free number is to route the calls to the appropriate call centers based on the brief description of the call centers purposes
- While the current call center numbers will remain accessible, DMAS & VDSS will work over the next year to update digital and print materials to display the new number.

Digitized State Plan

- The Medicaid State Plan has now been published on the DMAS website: <https://www.dmas.virginia.gov/about-us/state-plan/>
- Submitted and approved State Plan Amendments can now be viewed.

American Rescue Plan Act (ARPA) – Eligibility & Enrollment COVID-19 Unwinding

Funding was requested to address the Medicaid application backlogs and unwinding efforts resulting from the COVID-19 Public Health Emergency. The agency will use a three pronged approach to address these efforts.

VaCMS & MES
System
Updates

Contract
Staffing

Outreach &
Stakeholder
Engagement

- ARPA Fund 9901: \$10 million approved in HB7001
- ARPA Fund 9901: \$5 million to be requested through a decision package in regular session for SFY23.
- Costs for ARPA funds may incurred through December 31, 2024.

American Rescue Plan Act (ARPA) - Home & Community-Based Services Funding

- 12.5% temporary rate increase for early intervention, most Home and Community-Based waiver Services and specific Community-Based Behavioral Health Services between July 1, 2021 through June 30, 2022.
- Medicaid Bulletin posted on October 6, 2021.
 - Lists specific eligible procedure codes and revenue codes
 - Provider guidance on prospective and retrospective claims

Behavioral Health Redesign for Access, Value and Outcomes

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

Project BRAVO went LIVE 7/1/2021

What does this mean?

- 3 Enhanced Services LIVE now:

Assertive
Community
Treatment

MH Partial
Hospitalization
Program

MH Intensive
Outpatient



- 6 Enhanced Services LIVE **12/1/2021**

Multisystemic
Therapy

Functional
Family Therapy

Mobile Crisis
Teams

Community
Stabilization

23 Hour Crisis
Stabilization

Residential
Crisis
Stabilization

Questions





APPEALS DIVISION

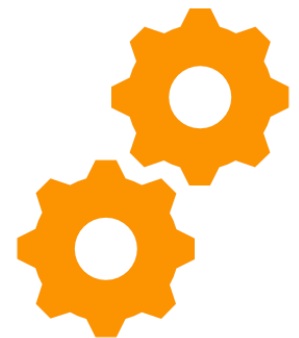
APPEALS INFORMATION MANAGEMENT SYSTEM

John Stanwix – Division Director
Jessie Bell – General Operations Mgr.
Mari Mackey – Appeals IT Mgr.



MES and AIMS Overview

- What is MES?
 - MES is Virginia's Medicaid Enterprise System for DMAS
 - It moves DMAS to a modular system that can more easily adapt to change while supporting our Agency's mission
- What is AIMS?
 - AIMS is the Appeals Information Management System designed exclusively for DMAS
 - A platform that produces efficiencies for Appeals Division staff, as well as allows clients and providers to file and track appeals online
 - One of many building blocks (or modules) in the implementation of MES
 - First MES module with public-facing component



Need to Modernize the Appeals Process

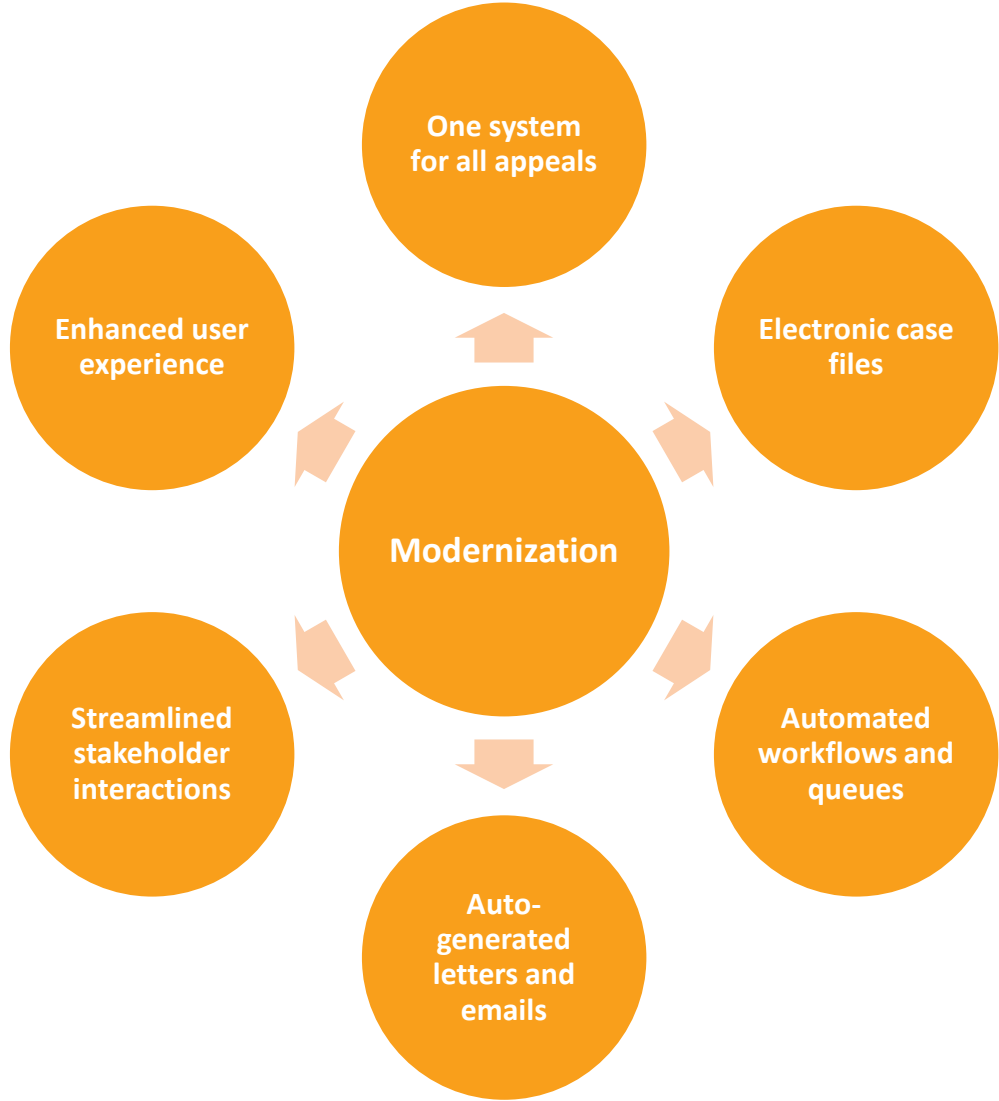
Prior to AIMS:

- Used two different databases to process appeals – one for client appeals and one for provider appeals
- All paper case files prior to COVID, at which point DMAS used SharePoint as a stop-gap in order to continue to process appeals
- Scheduling for hearings was done by e-mail and telephone
- Only way to check the status was by calling or e-mailing the Division

The screenshot shows the Oracle Forms Runtime interface for a 'Client Appeal' form. The window title is 'Oracle Forms Runtime - [Client Appeal]'. The menu bar includes 'Action', 'Edit', 'Query', 'Block', 'Record', 'Field', 'Window', and 'Help'. The form itself is titled 'Client Appeal' and contains various input fields and buttons. Key sections include:

- Appellant Information:** Appeal Number, Appellant Name, Address, City/State (with a dropdown for VA), ZIP Code, Appellant ID, Case Number, Contact Phone, Other Phone, Date of Service, Date of Birth, Date E-mail Sent, Appellant Delay.
- Timeline and Status:** Received at DMAS (08/26/2021), 80 Days, 90 Days, Start Date, Date Frwd by MAP Rep., Due Date, Expedited (N), Type (LOV), Referred by (LOV), Validated, Days to Validate Appeal, POA: Decision, Date, Continued Coverage, Date Referred to RAU.
- Hearing Officer Assignment History:** A table with columns for HO Received Case, HO Reassigned Case, Days Until HO Received Case, HO Assigned (LOV), Date Assigned, Days Until HO Assigned Case, HO Reassigned 1 (LOV), Date Reassigned 1, Days Until HO Reassigned1 Case, HO Reassigned 2 (LOV), Date Reassigned 2, Days Until HO Reassigned2 Case, HO Reassigned 3 (LOV), Date Reassigned 3, Days Until HO Reassigned3 Case.
- Administrative Fields:** Category Relationship (LOV), FIPS Code (LOV), City/County, Region, LTC (N), Agency Type 1, Agency Type 2, Agency Summary Due, Agency Summary Received 1, Agency Summary Received 2, Days To Receive, Agency Summary 1, Agency Summary 2.
- Buttons and Footer:** Hearings, Old Issues, Print Issues, New Issues, Good Cause: Due, Decision (LOV), JBELL, Audit, navigation arrows, Query, Save, Letters, Exit, 08/26/2021, DMCAR010.

Benefits of AIMS



AIMS Portal and Resources

- AIMS Portal:

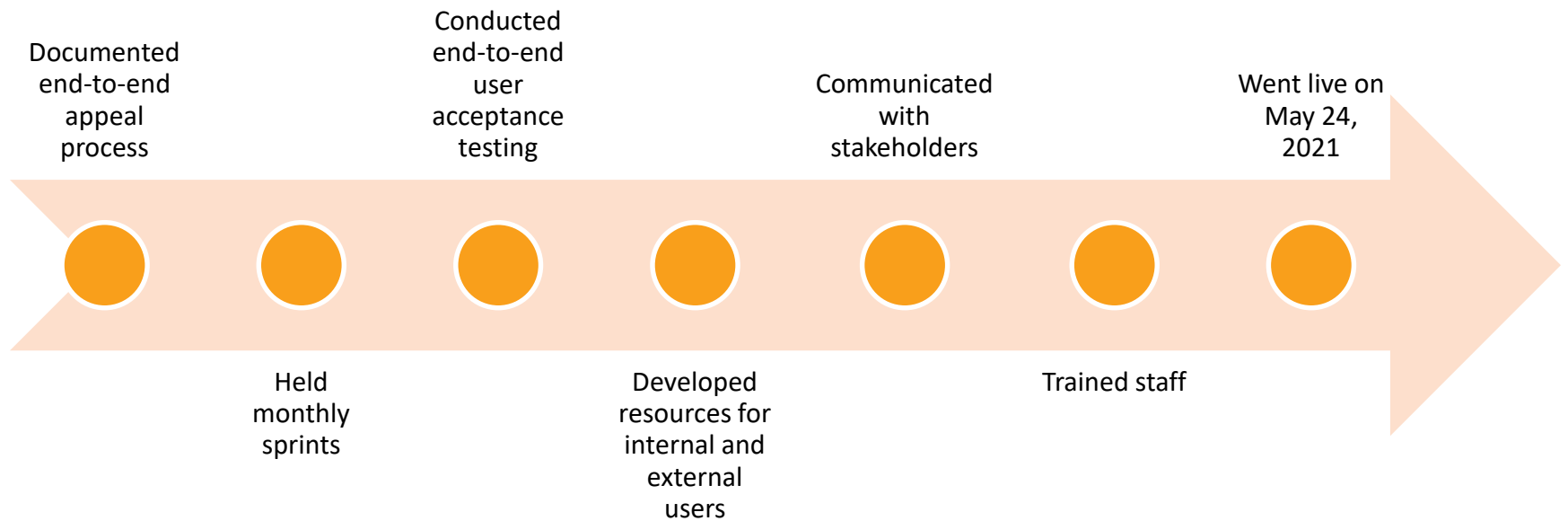
- Public-facing components for external stakeholders include:
 - Client portal
 - Provider portal
 - Agency portal

- AIMS Resources:

- Google Meet informational sessions
- Email blasts and press release to over 21,000 recipients
- Updated appeal rights on notices of action
- Updated DMAS website
- MES training website with extensive training materials and resources:
 - Written User Guides
 - Demo Videos
 - Practice Exercises
 - FAQs
- AIMS Help support line and email box

The screenshot displays the Virginia Medicaid website. At the top, it identifies itself as 'An Agency of the Commonwealth of Virginia' and 'Virginia Medicaid Department of Medical Assistance Services'. A navigation bar includes links for Applicants, Members, Providers, Appeals, COVID-19, Data, and About Us. The main content area is titled 'Appeals Overview' and explains the DMAS Appeals Division's role. Below this, a section titled 'New Portal for Appeals' describes the AIMS portal. To the right, there is a 'MES Quick Menu' with links for EPS Support, MES TRAINING HOME, APPEALS TRAINING HOME, Applicants & Members, Providers, and Agencies & DMAS Contractors. A large banner for 'Applicant & Member Appeals Portal Training' features a family photo. Below the banner, text explains who should use these resources and provides a list of training resources: 'File an appeal', 'Request an expedited (faster) appeal', 'File supporting documents for your appeal', and 'Review scheduled hearings, decisions, or actions taken'. A footer note mentions a library of training aids and a video for step-by-step instructions.

Path to Implementing AIMS



AIMS Demonstration



Create New Appeal
Submit a new Appeal request.



Calendars
View Calendar



Reports
Reports

Dashboard Searching

Client Profile

First Name:
Last Name:
Date of Birth:

Provider Appeals

NPI number:
Provider Name:

Appeal Search

Case Number:

Beneficiary Search

First Name:
Last Name:
Date of Birth:

Agency >

Scheduling >

Circuit Court >

My Queues >

Inbound Document Queue

Show entries

Status:

Received On	Status	Assigned To	Source	Subject
2021-08-19	Pending Review	Kristie Rodgers (kristie.rodgers@dmass.virginia.gov)	Fax	DMAS_APPLS_Fax_A_20210819_141019-0400_7032572819-27-000DDB2D.PDF

Thank You!

AIMS would not have been possible without:

- DMAS Executive Leadership Team
- Information Management Division
- Project Management Office
- Procurement and Contract Management Division
- Budget Division
- Christina Nuckols/Communications
- Human Capital Division
- Appeals Division Staff
- Centers for Medicare & Medicaid Services (“CMS”)
- All who have helped test the system
(many DMAS employees!)

Questions?



Q & A Time



Regulatory Activity Summary November 30, 2021
(* Indicates Recent Activity)

2021 General Assembly

***(01) Update to Outpatient Practitioners:** The purpose of this action is to add licensed school psychologists to the list of allowed providers of outpatient psychiatric services. Several of Virginia's Child Development Clinics have identified the need to allow licensed school psychologists to bill for outpatient psychiatric services provided in their clinics to increase access to the number of children that they serve. Following internal review, the project was submitted to the OAG on 8/27/21. OAG questions were received on 11/10/21 and DMAS submitted responses to the OAG on 11/12/21. DMAS made Town Hall corrections on 11/16/21.

***(02) Consumer-Directed Attendants:** This regulatory action incorporates the requirements of HB2137, which passed during the 2021 General Assembly. These regulations provide a paid sick leave benefit to attendants who provide personal care, respite, or companion services to Medicaid-eligible individuals through the consumer-directed model of service. The consumer-directed (CD) model is currently available for those services in the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, Medicaid Works program, and three of Virginia's four 1915(c) Home-and-Community-Based Services Waivers: Community Living, Family and Individual Supports, and Commonwealth Coordinated Care Plus. These regulations provide a framework to the paid sick leave benefit's eligibility process and procedures. Eligibility will be determined on a quarterly basis by the Fiscal-Employer Agent (F/EA). The F/EAs currently provide payroll and tax processing for the Consumer-Directed model for both fee-for-service and managed care individuals. Following internal DMAS review, the regs were sent to the OAG on 9/30/21. A conf. call with the OAG to discuss the project was held on 11/15/21. The OAG requested minor changes to the regs.

***(03) Repeal of Alzheimer's Assisted Living (AAL) Waiver:** This regulatory action repeals the regulations associated with the Alzheimer's Assisted Living (AAL) Waiver, which was developed to provide care and supports to help aging Virginia residents who have been diagnosed with Alzheimer's disease or other related memory disorders. Due to lack of utilization and the implementation of the Centers for Medicare & Medicaid Services (CMS) home- and community-based services (HCBS) Final Rule, AAL was ended, effective June 30, 2017. The HCBS Final Rule established new reimbursement criteria with the goal of enabling Medicaid members to receive services in settings that are integrated into the community rather than in skilled nursing facilities. Following internal review, the project was submitted to the OAG on 8/6/21. OAG questions were received on 8/17/21 and DMAS submitted responses to the OAG on 8/18/21 and 8/19/21. The project was submitted to DPB on 9/16/21 and DMAS responded to DPB inquiries on 10/12/21.

***(04) Client Appeals Update:** This regulatory action seeks to comply with a 2021 General Assembly mandate that requires DMAS to clarify (i) the burden of proof in client appeals; (ii) the scope of review for de novo hearings in client appeals, and (iii) the timeframes for submission of documents and decision deadlines for de novo client hearings. Following internal DMAs review, the reg action was submitted to the OAG on 7/23/21.

***(05) Institutional Provider Reimbursement Changes:** This SPA will include all of the institutional (inpatient and long-term care) changes arising out of the 2021 Appropriations Act. Following internal review, the SPA was submitted to CMS on 6/26/21. The SPA was approved by CMS on 9/24/21.

***(06) Non-Institutional Provider Reimbursement Changes:** In accordance with the 2021 Appropriations Act, Items 313.EEEE, UUUU, and VVVV, DMAS will be making the following changes to the state plan: (1) Increase rates for psychiatric services by 14.7 percent to the equivalent of 110 percent of Medicare rates, effective July 1, 2021. (2) Increase rates for anesthesiologists to reflect the equivalent of 70 percent of the 2019 Medicare rates. (3) Increase the supplemental physician payments for physicians employed at a freestanding children's hospital serving children in Planning District 8 (Children's National Medical Center) to the maximum allowed by the Centers for Medicare and Medicaid Services (CMS) within the limit of the appropriation provided for this purpose. The total supplemental Medicaid payment shall be based on the Upper Payment Limit approved by the CMS and all other Virginia Medicaid fee-for-service payments. The SPA was submitted to CMS on 6/21/21. DMAS submitted responses to informal questions on 8/11/21 and the SPA was approved on 9/15/21. The corresponding reg project is currently circulating for review.

***(07) Doula Services:** In accordance with the 2021 Special Session, Item 313.WWWWW, DMAS plans to revise the state plan to include coverage for doula services for Medicaid-enrolled pregnant women. Services will include up to eight prenatal/postpartum visits, and support during labor and delivery. The SPA will also provide authority for two linkage-to-care incentive payments for postpartum and newborn care. The associated PPN was posted on 7/23/21 and the Tribal Programs and DPB notifications were sent out on 7/23/21. The SPA was submitted to CMS for review on 8/24/21. DMAS received informal questions from CMS on 9/13/21 and responses were sent on 9/16/21. The SPA was approved by CMS on 10/29/21. The corresponding regulatory action is currently circulating for internal review.

***(08) EVMS Supplemental Payments:** The purpose of this SPA is to update the state plan text related to supplemental payments made to physicians affiliated with Eastern Virginia Medical School (EVMS). The first change is to remove old text dating back to 2012. The second change makes the language more general so that DMAS does not have to update the state plan every time the average commercial rate percentage changes. Partner agency notification letters were submitted and the PPN was posted on 8/24/21. DPB approved the SPA on 9/7/21. Following internal DMAS review, the SPA was filed with CMS on 9/27/21.

***(09) Pharmacy-Administered Vaccines:** In accordance with the 2021 Special Session, Item 313.UUUUU, DMAS has initiated state plan changes to authorize reimbursement, using a budget neutral methodology, of pharmacy-administered immunizations for all vaccinations covered under the medical benefit for Medicaid members. Reimbursement for fee-for-service members will be the cost of the vaccine plus an administration fee not to exceed \$16. Reimbursement for pharmacy-administered vaccinations for pediatric Medicaid members eligible for free vaccinations through the Vaccines For Children (VFC) program shall include only the administration fee. The SPA was submitted to CMS for review on 9/2/21. Following a conference call on 9/13/21, changes were requested, and revised SPA pages were sent to CMS on 9/14/21. The SPA was approved on 11/23/21.

***(10) Behavioral Health Enhancement – Part 1:** In accordance with the 2021 Special Session, Items 313.YYYY and CCCCCC, DMAS will be revising the state plan to implement programmatic changes and reimbursement rates for the following: multisystemic therapy, functional family therapy, crisis intervention services, crisis stabilization services, and behavioral therapy. The DPB and Tribal Programs notifications were submitted on 9/9/21 and the corresponding PPN was also posted on 9/9/21. DPB approved the SPA on 9/16/21. The SPA was submitted to CMS for review on 10/8/21.

***(11) School Services:** The purpose of this SPA is to adhere to the 2021 Appropriations Act, Items 313.EEEE and VVVV, which require DMAS to make changes to the state plan. These changes will: 1) increase the rates for psychiatric services by 14.7 percent for psychiatric services to the equivalent of 110 percent of Medicare rates; and 2) increase supplemental physician payments for a freestanding children's hospital serving children in Planning District 8. The total supplemental Medicaid payment shall be based on the Upper Payment Limit approved by CMS and all other Virginia Medicaid fee-for-service payments. The project was submitted to CMS on 10/18/21.

***(12) Office-Based Opioid Treatment Changed to Office-Based Addiction Treatment:** This SPA will allow DMAS to expand the substance use disorder service called “Preferred Office-Based Opioid Treatment” (which has been available only to individuals with a primary diagnosis of opioid use disorder) to individuals with a substance-related or addictive disorder. Following internal review, the SPA was submitted to CMS on 7/23/21. DMAS responded to informal questions on 8/5/21, 8/6/21, and 8/11/21. CMS approved the SPA on 10/14/21. The corresponding reg package, following internal review, was submitted to the OAG for review on 11/3/21. The OAG submitted additional questions to DMAS and DMAS responded.

***(13) COVID Vaccine Administration Fee:** In the March 15, 2021 CMS toolkit entitled “Coverage and Reimbursement of COVID-19 Vaccines, Vaccine Administration, and Cost Sharing under Medicaid, the Children’s Health Insurance Program, and Basic Health Program” it states that: “States will need to submit SPAs to describe payment for the vaccine administration to the extent that the payment is different from what is otherwise approved under the state plan. DMAS has adopted the Medicare payment rate of \$40 for COVID-19 Vaccine Administration, which is different from the administration fees for other vaccines, and is filing this SPA as a result. After internal and oversight agency review, this SPA was submitted to CMS on 6/1/21. Informal questions were received from CMS on 7/7/21 and responses were forwarded to CMS on 8/3/21. DMAS is awaiting further direction.

***(14) DSH Changes for Children’s Hospitals:** DMAS seeks to create additional hospital supplemental payments for freestanding children's hospitals with greater than 50 percent Medicaid utilization in 2009 to replace payments that have been reduced due to the federal regulation on the definition of uncompensated care costs, effective June 2, 2017. As part of this SPA, these new hospital supplemental payments, for freestanding children's hospitals, shall equal what would have been paid to the freestanding children's hospitals under the current disproportionate share hospital (DSH) formula without regard to the uncompensated care cost limit. These additional hospital supplemental payments shall take precedence over supplemental payments for private acute care hospitals. If the federal regulation is voided,

DMAS shall continue DSH payments to the impacted hospitals and adjust the additional hospital supplemental payments authorized, accordingly. Following internal review, the DPB and Tribal notices for this SPA were submitted on 5/6/21. DPB approved the SPA on 5/10/21 and the project was submitted to HHR on 5/18/21. Following HHR approval on 5/20/21, the SPA was submitted to CMS on 6/7/21. Informal questions were received from CMS on 7/12/21 and responses were forwarded to CMS on 7/19/21. The SPA was approved by CMS on 8/24/21. The corresponding regulatory action was circulated for internal DMAS review and submitted to the OAG for review on 9/28/21. The OAG sent additional question on 10/7/21 (DMAS response provided on 10/12/21) and 10/12/21 (DMAS response provided on 10/13/21).

(15) COVID Vaccine for Plan First: In accordance with Section 9811 of the American Rescue Plan Act of 2021, DMAS will be making changes to the State Plan in order to cover COVID-19 vaccines and vaccine administration fees for the limited benefit program called Plan First. (Typically, individuals in this program only receive Medicaid coverage for services that delay or prevent pregnancy.) The costs of both the vaccine and the vaccine administration fee will be covered by the federal government. This project was submitted to CMS on 6/21/21 and DMAS is awaiting further directive.

***(16) Repeal of CCC Program:** This regulatory action repeals the regulations associated with the Commonwealth Coordinated Care (CCC) Program, a managed-care program launched in 2014 to improve quality, access, and health care experiences for dual-eligible recipients of Medicare and Medicaid. The program reduced Medicare and Medicaid costs by streamlining benefits into one plan and provided individuals with services that are more coordinated and person-centered. DMAS, with support from the Governor and the General Assembly, implemented a new managed long-term services and supports (LTSS) initiative, known as CCC Plus in 2017. CCC Plus operates statewide across six regions as a mandatory Medicaid managed care program, and serves individuals (adults and children) with disabilities and complex care needs. Nearly half of the CCC Plus participants are dually eligible for Medicare and Medicaid and many individuals (dual and non-dual) receive care through nursing facilities or through one of the DMAS home and community based services. Once the CCC Plus program was implemented, all members who had been served by the old CCC program were transitioned into the new program, and the CCC program ended on December 31, 2017. As a result, the CCC regulations are no longer in effect, and are being repealed. Following internal DMAS review, this reg project was submitted to the OAG on 3/5/21; to DPB on 3/30/21; to HHR on 4/28/21; and to the Governor's Ofc. on 5/20/21. The Governor's Ofc. approved the regulations on 6/22/21; the regs were published in the Registrar on 7/19/21; and became effective on 9/2/21.

***(17) Clarifications for Durable Medical Equipment and Supplies – Revisions:** This state plan amendment proposes to amend a previous SPA. DMAS previously submitted SPA 20-011 entitled "Clarifications for Durable Medical Equipment and Supplies" which was approved by CMS on October 20, 2020. Following the approval of SPA 20-011, CMS discovered duplicative wording and the necessity to re-categorize a heading on multiple pages, and also requested that DMAS submit a new SPA to revise the text on those pages. There is no change to the content or meaning of the state plan text as a result of the change. Following internal review, and the submission of the DPB and Tribal Programs notifications, the SPA was forwarded to HHR for review on 3/8/21. The SPA was approved by CMS on 5/24/21. The corresponding regulatory action was circulated for internal review and submitted to the OAG on 8/26/21.

***(18) Adult Dental:** The purpose of this SPA is to align with Item 313.III in the 2020 Virginia Appropriations Act, which requires DMAS to provide a comprehensive dental benefit to adults, effective July 1, 2021. The DPB and Tribal Programs notifications were forwarded on 2/22/21. The SPA was submitted to CMS on 3/25/21. The SPA was approved on 6/14/21, with effective date of 7/1/21. The corresponding regulatory action was circulated for internal review and submitted to the OAG on 6/23/21.

***(19) Tribal Health Clinic:** This SPA includes language allowing the Upper Mattaponi Tribe to collect Medicaid payment for health care services provided through a new Tribal Health Clinic (THC). The Upper Mattaponi Tribe has established a THC to meet the primary care health needs of Tribal members, including those enrolled in Virginia Medicaid. Federal law requires DMAS to file a SPA to recognize and reimburse THCs as Medicaid providers. The THC will be enrolled as a Federally Qualified Health Center and will be reimbursed for services to Medicaid members at a rate set annually by the federal government. CMS will cover 100% of DMAS' payments to the Upper Mattaponi THC for services to Medicaid members. The DPB and Tribal Programs notifications were forwarded on 2/17/21 and the prior public notice was posted on 2/23/21. The SPA was submitted to CMS for review on 3/26/21. The SPA was approved by CMS on 6/22/21. The associated fast-track reg project was submitted to the OAG on 7/21/21; to DPB on 8/17/21; and to HHR on 9/25/21.

***(20) Tribal Consultation:** This state plan amendment proposes to amend the section dedicated to the *State Medical Care Advisory Committee*. The changes for this regulatory section are intended to meet the requirements of Section 1902(a)(73) of the Social Security Act §1902. Section 1902(a)(73) mandates that states that have Indian Health Programs: (1) develop and file a Tribal Consultation SPA and (2) solicit advice from Tribes and from Indian Health Programs prior to submitting any SPA or waiver amendment. Prior to the start of Virginia's Pamunkey Tribe Indian Health Program, DMAS was only required to solicit advice for 1915 and 1115 waiver applications/renewals. The DPB and Tribal Programs notifications were forwarded on 2/23/21 for review; to HHR on 3/17/21; and to CMS on 4/7/21. DMAS received CMS' informal questions on 5/7/21 and responses were submitted on 5/18/21, and additional responses were sent on 5/26/21. The SPA was approved on 6/7/21. The corresponding regulatory action was circulated for internal review and submitted to the OAG on 7/7/21. DMAS responded to OAG inquiries on 7/23/21 and 7/27/21. The package was approved by the OAG on 8/24/21. The action was submitted to the Registrar on 9/13/21 and DMAS responded to Registrar inquiries and made regulatory corrections on 9/20/21. DMAS responded to additional Registrar questions and made RIS corrections on 9/22/21, 9/23/21, and 9/24/21.

***(21) Behavioral Health Enhancement – Part 1:** In accordance with the 2020 Special Session, DMAS intends to make the following Behavioral Health Enhancement changes by amending the state plan: (1) Assertive Community Treatment, which will replace and serve as an “enhancement” of the current Intensive Community Treatment Service. This will continue to be a service for adults; (2) Mental Health Intensive Outpatient Programs, a new service for youth and adults; and (3) Mental Health Partial Hospitalization Programs for Youth and Adults, which will replace the current Partial Hospitalization Program for adults. The DPB and Tribal Programs notifications and the PPN were submitted on 2/22/21. The SPA was submitted to

CMS on 3/25/21 for review. The SPA was approved by CMS on 5/28/21, with a 7/1/21 effective date.

2020 General Assembly

***(01) Repeal to GAP-SMI Regulations:** The Governor's Access Plan (GAP) was a Medicaid program implemented in 2015 to provide low-income individuals with a serious mental illness (SMI) access to medical and behavioral health care. Individuals enrolled in the GAP-SMI program were covered for limited mental health benefits. However, the vast majority were able to move into the Medicaid Expansion program, which allowed members to be covered for all Medicaid-covered services. This fast-track regulatory action was initiated to remove outdated reg text, which is no longer needed due to the January 2019 implementation of Medicaid Expansion. The GAP-SMI program closed due to the Expansion, and these regulations can now be repealed. Following internal review and coordination, the project was submitted to the OAG for review on 2/2/21 and certified on 2/23/21. The regs were submitted to DPB on 2/24/21 and edits were made and re-submitted on 3/17/21. Following submission to HHR on 3/23/21, the regs were forwarded to the Gov. Ofc. on 5/19/21. The reg action was approved by the Governor's Ofc. on 6/22/21 and sent to the Register, with a publication date of 7/19/21, and an effective date of 9/2/21.

***(02) Preadmission Screening and Resident Review (PASRR) Update:** In responding to the legislative mandate of the General Assembly, the purpose of this regulatory action is to establish regulatory requirements for (i) allowing qualified nursing facility staff to complete the LTSS screening for an individual who applies for or requests LTSS, and who is receiving non-Medicaid skilled nursing services in an institutional setting following discharge from an acute care hospital; and (ii) protecting an individual's choice for institutional or community based services and choice of provider. Following internal review, the project was submitted to the OAG for review on 1/5/21. Questions were received from the OAG on 3/24/21 and revisions were forwarded on 4/14/21. Additional revisions were submitted on 4/28/21. The project was submitted to DPB for review on 6/16/21 and to HHR on 6/29/21.

***(03) 90-Day Prescriptions:** The recent Medicaid Disaster Relief SPA allowed DMAS to provide 90-day prescriptions to Medicaid members (excluding Schedule II drugs), however, that SPA will end on the last day of the federal-declared emergency period. DMAS is filing a SPA to allow for the provision of a maximum of a 90-day supply for select maintenance drugs dispensed to Medicaid members (excluding Schedule II drugs) after the end of the federal emergency period. The 90-day supply will be available to Medicaid members after the member has received two (2) fills of 34 days or less of the drug. Following internal review, the SPA was filed with CMS on 11/9/20 and approved on 12/10/20. Following internal review, the corresponding regulatory action was submitted to OAG on 1/28/21.

***(04) 2020 Long Term Services and Supports (LTSS) Screening Changes:** For this reg project, the Code of Virginia, §§ 32.1-330, 32.1-330.01, and 32.1-330.3 are being amended in accordance with 2020 HB/SB 902 to allow qualified nursing facility staff to complete the Long-Term Services and Supports (LTSS) screening for individuals who apply for or request LTSS, and who are receiving non-Medicaid skilled nursing services in an institutional setting following discharge from an acute care hospital. The amendments to the Code include the

protection of individual choice for the setting and provider of LTSS services for every individual who applies for or requests institutional or community based services. Following internal review, the regulations were submitted to the OAG for review on 11/18/20. Questions were received from the OAG on 3/24/21 and revisions were forwarded on 4/1/21 and 4/14/21. DMAS submitted the project to DPB on 6/14/21. Questions were received on 6/21/21 and responses were sent to DPB on 6/21/21. A conf. call was held on 6/22/21 to discuss the project. The reg action was submitted to HHR on 6/23/21.

***(05) Update of the DMAS-225 Form:** This reg project is designed to clarify that the DMAS-122 Form (Adjustment Process) has been updated and re-numbered as the DMAS-225 Form (Long-Term Care Communication) in the regulations. This action conforms with current DMAS practice, as the DMAS-225 is currently in use to administer payments and adjustments. The DMAS-122 is no longer in use. Two definitions and multiple regulatory references to the DMAS-122 form are being updated to reflect that the form is now the DMAS-225 form. Following internal review, the regulatory action was submitted to the OAG on 2/10/20 for review. The project was approved by the OAG on 7/2/21; submitted to the Registrar on 7/16/21; and finalized on 9/16/21.

***(06) Update Average Commercial Rate (ACR) for Physicians Affiliated with Type One Hospitals:** DMAS is required to recalculate the ACR every three years. The last ACR is dated April 1, 2017, and CMS requires DMAS to submit a new ACR calculation, effective April 1, 2020. After performing calculations based on data provided by Type One hospitals, DMAS determined that the ACR must be reduced from 258% of Medicare to 236% of Medicare. The DPB notification for this SPA was sent to DPB on 4/20/20. Following internal review, the SPA binder was forwarded to HHR for review on 5/20/20 and to CMS on 5/28/20. CMS approved the SPA on 7/31/20. Following internal review, the corresponding regulatory action was submitted to the OAG on 1/27/21.

***(07) Hospital and ER Changes:** The purpose of this SPA is to comply with multiple mandates. Pursuant to the General Assembly mandate in bill HB30, Item 313.AAAAA, DMAS will amend the State Plan to allow the pending, reviewing, and the reducing of fees for avoidable emergency room (ER) claims for codes 99282, 99283, and 99284, both physician and facility. (Managed Care Organizations are authorized by waivers rather than the state plan, and MCO changes related to ER claims paid by will not be part of the SPA.) Also, pursuant to the General Assembly mandate in bill HB30, Item 313.BBBBB, DMAS will amend the State Plan to modify the definition of readmissions to include cases when patients are readmitted to a hospital for the same or similar diagnosis within 30 days of discharge, excluding planned readmissions, obstetrical readmissions, admissions to critical access hospitals, or in any case where the patient was originally discharged against medical advice. If the patient is readmitted to the same hospital for a potentially preventable readmission then the payment for such cases shall be paid at 50 percent of the normal rate, except that a readmission within five days of discharge shall be considered a continuation of the same stay and shall not be treated as a new case. Similar diagnoses shall be defined as ICD diagnosis codes possessing the same first three digits. The SPA DPB notification was forwarded to DPB and the PPN was posted to the Town Hall on 5/19/20. Tribal notice for this SPA was sent on 5/28/20. DMAS fielded questions from CMS on a conf. call on 6/8/20. The SPA was submitted to HHR on 9/15/20 and to CMS on 9/25/20. DMAS responded to informal CMS questions on 10/30/20 and received additional

inquiries on 11/6/20. Request for additional information (RAI) responses were sent to CMS on 10/6/21 and CMS is awaiting further direction. Following internal review, the corresponding regulatory project was sent to the OAG on 9/15/20. Following OAG approval, the action was forwarded to the Register on 11/23/20; published on 12/21/20; and became effective on 1/20/21.

2019 General Assembly

***(01) Processing Medicaid Applications Using SNAP Income:** This SPA will enable DMAS to use gross income determined by SNAP to support Medicaid eligibility determinations at the time of Medicaid application. Currently, DMAS uses a similar strategy at the time of annual Medicaid renewals. Medicaid eligibility criteria will remain the same, and there will be no change in the number or outcome of eligibility determinations made as a result of this change. The SPA notification was submitted to DPB on 9/24/19. Following internal DMAS review, the SPA was sent to HHR on 11/12/19 and forwarded to CMS on 12/5/19. CMS approved the SPA on 3/12/20. Following internal review, the corresponding regs were submitted to the OAG on 12/2/20. While awaiting OAG review and certification, DMAS responded to a request for additional information on 2/10/21. The regs were sent to DPB 3/26/21; to HHR on 5/4/21; and to the Governor's Ofc. on 5/20/21. The Gov. Ofc. approved the regs on 6/22/21. The regulatory action was published on 7/19/21 and became finalized on 9/2/21.

***(02) Revisions to Drug Utilization Review Program:** DMAS is implementing changes to the state plan text related to the Drug Utilization Review Program in accordance with the requirements of the Support Act (Public Law No. 115-271). The changes include Support Act provisions related to: claims review limitations; a program to monitor antipsychotic medications by children; fraud and abuse identification; and Medicaid managed care organizations requirements. The SPA notification was submitted to DPB on 10/22/19. Following internal review, the SPA was forwarded to HHR on 12/10/19; submitted to CMS on 12/17/19; and CMS approved the SPA on 3/4/2020. Following internal review, the corresponding regulatory action was submitted to the OAG for review on 8/13/20. The regs were revised and re-submitted to the OAG on 12/2/20, as requested. The reg project was submitted to DPB on 3/3/21 for review; to HHR on 4/9/21; and to the Gov. Ofc. on 5/20/21. The Governor's Ofc. approved the regs on 6/22/21; the regs were published on 7/19/21; and became finalized on 9/2/21.

***(03) Third Party Liability – Payment of Claims:** Under current law, Medicaid is generally the “payer of last resort,” meaning that Medicaid only pays for covered care and services if there are no other sources of payment available. Section 1902(a)(25) of the Social Security Act (the Act) requires that states take “all reasonable measures to ascertain the legal liability of third parties.” The Act further defines third party payers to include, among others, health insurers, managed care organizations (MCOs), and group health plans, as well as any other parties that are legally responsible by statute, contract, or agreement to pay for care and services. This final exempt regulatory action mirrors this definition of third parties at 42 CFR 433.136. The Bipartisan Budget Act of 2018, which was signed into law on February 9, 2018, includes several provisions which modify third party liability (TPL) rules. This new law makes changes to the special treatment of certain types of care and payment, delays the implementation changes to the time period for payment of claims, repeals a provision regarding recoveries from settlements, and applies TPL to CHIP. Following internal DMAS review, the project was

submitted to the OAG on 12/30/19. DMAS submitted additional responses to OAG questions in July, 2021 and is awaiting further direction.

2018 General Assembly

***(01) Expansion – Alternative Benefit Plan:** This regulatory action incorporates changes made to the Virginia State Plan in order to implement Medicaid expansion. Specifically, this action includes the alternative benefit plan (ABP) that is available to individuals who are covered by Medicaid expansion. The Centers for Medicare and Medicaid Services (CMS) requires state Medicaid agencies to create an ABP for expansion populations. The purpose of this regulation is to incorporate the CMS-approved Medicaid expansion ABP into the Virginia Administrative Code. This regulation is essential to protect the health, safety, and welfare of citizens in that it implements the General Assembly mandate to expand Medicaid coverage to new populations. Following internal DMAS review and coordination, the regs were forwarded to the OAG on 11/9/18 for review. The OAG forwarded comments on 3/1/19 and DMAS sent responses back on 3/6/19. The regs were submitted to DBP for review on 4/4/19. The regs were forwarded to HHR on 4/16/19; to the Gov.'s Ofc. on 5/27/19; and to the Registrar on 7/3/19. The regs were published in the Register on 8/5/19, with an ER effective date of 8/19/19. The NOIRA comment period extended from 8/5/19 through 9/4/19, with no comments received. The corresponding fast-track began circulating for review on 9/5/19. The regulatory action was forwarded to the OAG on 10/30/19; to DPB on 3/24/21; to HHR on 5/3/21; and to the Governor's Ofc. on 5/20/21. The fast-track phase of the reg project was submitted to DPB on 6/24/21 and to HHR on 7/13/21.

***(02) Medicaid Expansion — Determination State (Medicaid):** This state plan amendment is designed to allow Virginia to change from the Assessment Model of eligibility determination to the Determination Model of eligibility determination. In the Assessment Model, which Virginia currently follows, the Federally Facilitated Marketplace (FFM) makes an initial assessment of eligibility and the State Medicaid agency must then re-determine eligibility to make a final decision. In the Determination Model, the FFM makes the final Modified Adjusted Gross Income (MAGI) or CHIP determination and transmits the determination to the State Medicaid agency. The state must then accept the FFM determination as final. The Virginia General Assembly has directed DMAS to expand Medicaid eligibility to individuals age 19 or older and under age 65, who have household income at or below 138% of the federal poverty level, effective January 1, 2019. As a result of Medicaid expansion, many more FFM applicants will now qualify for Virginia Medicaid and the application determination backlog that is currently experienced during open enrollment is expected to increase. Movement to the Determination Model will significantly reduce the number of applications forwarded from the FFM that require a Medicaid determination by state/local/contractor staff. This change is particularly important due to the anticipated increase in applications from all sources due to interest in Medicaid expansion coverage combined with the 2019 Open Enrollment Period. Following internal DMAS review, the SPA was submitted to HHR, and then forwarded to CMS on 7/23/18. A conf. call with CMS was held on 8/2/18 and CMS requested edits on 8/7/18. Additional follow-up questions from CMS were received and responses were returned to CMS on 8/20/18. The SPA was approved 10/9/18. The corresponding reg package was forwarded to the OAG on 11/9/18. OAG comments were forwarded to DMAS on 2/28/19. Responses were returned on 3/7/19 and 3/19/19. The regs were submitted to DPB on 4/4/19; to HHR on 4/16/19;

and to the Governor on 5/27/19. The project was sent to the Registrar on 7/3/19. The regs were published in the Register on 8/5/19, with an ER effective date of 8/19/19. The NOIRA comment period extended from 8/5/19 through 9/4/19, with one comment received. The corresponding fast-track began circulating for internal review on 9/6/19 and was submitted to the OAG on 10/10/19. DMAS requested an ER extension on 2/19/20 that expired on 9/17/21. Following the internal review, the fast-track phase of the reg project was submitted to DPB on 5/28/21 and to HHR on 7/6/21.

***(03) Settlement Agreement Discussion Process:** This regulatory action establishes a more formalized process by which to address administrative settlement agreements, in a timely fashion. The proposed new regulation, 12 VAC 30-20-550, describes the process for settlement agreement discussions between a Medicaid provider and DMAS and how it affects the time periods currently set forth in the existing informal and formal appeal regulations at 12 VAC 30-20-500 et. seq. The proposed amendments to 12 VAC 30-20-540 and 12 VAC 30-20-560 are necessary for these sections to be consistent with the proposed new regulation, 12 VAC 30-20-550. The amendments affect the timelines for issuing either the informal decision in an informal administrative appeal or recommended decision of the hearing officer in a formal administrative appeal when the proposed new regulation 12 VAC 30-20-550 pertaining to the settlement agreement process is used. Following internal review, the project was submitted to the OAG for review on 10/16/18. DMAS received questions from the OAG on 4/29/19. Responses were forwarded to the OAG on 5/8/19. The project was sent to DPB on 7/9/19; to HHR on 7/23/19; to the Gov. Ofc. on 9/10/19; approved by the Gov. on 9/18/19; and submitted to the Registrar on 9/18/19. The reg publication date was 10/14/19, with a comment period though 11/13/19, an effective date of 11/14/19, and an expiration date of 5/13/21. The corresponding fast-track package was circulated for internal review on 10/9/19 and submitted to the OAG on 11/14/19. The OAG approved the fast-track phase on 2/26/21 and the reg action was sent to DPB for review on 3/1/21. On 4/9/21, DPB approved the action and the project was submitted to HHR. The regs were forwarded to the Gov. Ofc. on 5/20/21. The Governor signed the regs on 6/22/21 and the regs were submitted to Register, were published on 7/19/21, and became effective on 9/2/21.

***(04) Removal of the 21 Out of 60 Day Limit:** This fast-track regulatory action is necessary to comply with the Centers for Medicare & Medicaid Services (CMS) Medicaid Mental Health Parity Rule, issued on March 30, 2016. The overall objective of the Medicaid Mental Health Parity Rule is to ensure that accessing mental health and substance use disorder services is no more difficult than accessing medical/surgical services. To comply with the Medicaid Mental Health Parity Rule, DMAS must remove the limit of 21 days per admission in a 60 day period for the same or similar diagnosis or treatment plan for psychiatric inpatient hospitalization, as this limit for coverage of non-psychiatric admissions was removed on July 1, 1998. (Medicaid managed care plans do not apply the limit of 21 out of 60 days, and both the limit and the change only apply to fee for service.) Psychiatric inpatient hospitalizations must be service authorized based on medical necessity and not be limited to 21 days per admission in a 60 day period. The citation for the federal regulation to remove the "21 out of 60 day limit" can be found in 42 CFR 438.910(b)(1). Following internal DMAS review and coordination, beginning on 6/20/18, the project was submitted to the OAG on 7/1/19. A conf. call w/ the OAG and SMEs to discuss the regs was held on 7/24/19. The OAG sent additional questions on 8/12/19, and DMAS responded on 8/21/19. The regs were certified by the OAG on 9/12/19 and submitted to DPB on 9/13/19. DMAS responded to DPB inquiries the week of 9/16/19 and to additional DBP inquiries following a conf. call on 10/1/19. DPB forwarded the regs to HHR on 10/21/19 and the action

was sent to the Gov. Ofc. on 11/17/19. The Gov. Ofc. approved the regs on 8/12/20. The regulatory action was submitted to the Registrar on 8/20/20, with an issue date of 9/14/20. The comment period ended 10/15/20, with an effective date of 10/30/20. The corresponding SPA circulated for internal review and the project was sent to HHR on 3/29/21 and to CMS on 4/7/21. A conf. call with CMS was held on 5/12/21 to discuss the SPA. CMS sent comments on 5/27/21 and DMAS forwarded revised SPA pages and responses to CMS on 6/4/21. CMS requested additional plan page edits on 6/29/21 and edits were forwarded on 6/29/21. The SPA was approved by CMS on 7/2/21.

***(05) Electronic Visit Verification (EVV):** This NOIRA action intends to amend regulations in order to include provisions related to Electronic Visit Verification (EVV) as required by the 21st Century CURES Act, 114 U.S.C. 255, enacted December 13, 2016 (the CURES Act) and the 2017 Appropriations Act Chapter 836, Item 306. YYYY. The CURES Act requires states to implement an EVV system for personal care services by January 1, 2019 and home health care services by January 1, 2023. The 2017 Appropriations Act authorizes DMAS to require EVV for personal care, respite care and companion services. The CURES Act requires that the EVV system must verify: 1) The type of service(s) performed; 2) The individual receiving the service(s); 3) The date of the service; 4) The location of service delivery; 5) The individual providing the service, and 6) The time the service begins and ends. DMAS sought input regarding the EVV system from individuals receiving services, family caregivers, providers of personal, respite and companion care services, home health care services, provider associations, managed care organizations, health plans and other stakeholders. DMAS also sought input on the current use of EVV in the Commonwealth and the impact of EVV implementation. The NOIRA was circulated for internal DMAS review and submitted to DPB on 4/30/18. The NOIRA was approved by DPB on 5/11/18 and forwarded to the Gov. Ofc. The Gov. approved the regs on 8/22/18. The regs were filed with the Registrar's Ofc. on 8/23/18, with the comment period ending on 10/17/18. With no comments received, the proposed phase review began on 10/25/18. The regs were forwarded to the OAG for review on 1/17/19. The OAG forwarded regulatory questions on 4/23/19, and DMAS sent responses back on 4/29/19. Additional changes were sent to the OAG on 6/7/19. The OAG forwarded inquiries on 7/19/19 and DMAS responded. The regs were sent to DPB for review on 7/29/19. A conf. call w/ DBP was held on 8/20/19, and DMAS sent additional responses/revisions on 8/21/19. DMAS fielded several DPB questions the weeks of 9/9/19 and 9/16/19. The reg action was submitted to HHR, approved on 9/15/19, and sent to the Governor on 9/15/19. The EIA response was posted to the TH on 9/18/19. The Gov. Ofc. completed its review on 12/17/19. The project was submitted to the Registrar on 12/18/19, with a publication date of 1/20/20. The 60-day public comment period expired on 3/21/20. The Town Hall proposed stage comment review was complete/categorized on 4/10/20 and a notification e-mail was submitted to commenters. The final stage phase of the reg action was sent to the OAG for review on 9/14/20. On 11/10/20, revisions were made and the project was sent back to the OAG. Additional reg changes were brought about by the GA 2020 Special Session and revisions were sent to the OAG on 11/10/20. The action was submitted to DPB on 3/22/21 and DPB submitted inquiries. DMAS sent responses on 4/7/21. DPB issued approval and the project was submitted to HHR on 4/12/21, and to the Governor on 5/20/21. The Gov. Ofc. approved the project on 6/22/21. The regs were submitted to the Registrar on 6/22/21, with a Registrar issue date of 7/19/21 and an effective date of 8/18/21. The corresponding SPA DBP notification was submitted to DPB on 11/4/19. Following internal review, the SPA was submitted to HHR on 3/2/20 and HHR approval was received on 3/26/20. The Tribal notification was sent on 6/11/20. The SPA was submitted to CMS for review on 9/1/20 and approved on 10/6/20.

2017 General Assembly

(01) CCC Plus WAIVER: DMAS has requested federal approval to merge the current Elderly or Disabled with Consumer Direction waiver population with that of the Technology Assistance Waiver, under the Commonwealth Coordinated Care Plus (CCC+) program. This regulatory action seeks to streamline administration of multiple waiver authorities by merging the

administrative authority of two §1915(c) HCBS waivers into one §1915(c) waiver to be known as the Commonwealth Coordinated Care Plus (CCC+) waiver. The proposed merger of the EDCD waiver and Tech waivers will not alter eligibility for the populations and will expand the availability of services to encompass those currently available in either waiver to both populations. These populations will be included in the overall CCC+ program. The CCC+ Program will operate under a fully integrated program model across the full continuum of care that includes physical health, behavioral health, community based, and institutional services. CCC+ will operate with very few carved out services. Further, through person-centered care planning, CCC+ health plans are expected to ensure that members are aware of and can access community based treatment options designed to serve members in the settings of their choice. This action is essential to protect the health, safety, and welfare of citizens in that it allows for care coordination for the high-risk dually eligible population and ensures access to high quality care. The program includes systems integration, contract and quality monitoring, outreach, and program evaluation. The reg project was processed and reviewed internally. The action was submitted to the OAG for review on 11/9/17. Responded to OAG inquiries on 12/7/17, and additional inquiries on 2/22/18, 3/19/18, 4/10/18, and 5/16/18. The regs were approved by the OAG and forwarded to the Governor's Ofc. for review on 6/19/18. The emergency regulations were signed by Governor and became effective on 6/29/18, and published in the Register on 7/23/18. The NOIRA comment period was held between 7/23/18 - 8/22/18. An ER Extension request was submitted on 10/16/18, and the ER was extended through 6/28/20. Following internal DMAS review, the proposed stage of the regulatory action was submitted to the OAG on 3/2/21.

2015 General Assembly

(01) Barrier Crimes Not Permitted: This fast-track regulatory action is required by the 2016 budget language. This regulatory action will amend existing regulations relating to provider requirements. Current regulations do not specifically bar all providers who have been convicted of barrier crimes from participating as Medicaid or FAMIS providers. These regulatory changes bar enrollment to, or require termination of, any Medicaid or FAMIS provider employing an individual with at least 5 percent direct or indirect ownership who has been convicted of a barrier crime. The regulations were drafted, reviewed internally, and submitted to the OAG for review on 2/17/2017. The OAG issued inquiries on 3/21 and a conference call occurred on 4/26/17 to discuss the regs. The action had been placed on hold. Regulatory processing began again on 4/26/18 with a conf. call with the OAG. Revised text was forwarded to the OAG on 11/28/18 and an additional conf. call took place on 11/29/18. Additional revisions were sent to the OAG on 1/15/19. Another conf. call was held on 8/9/19 and revised regs were sent to the OAG on 8/16/19 for review.

Items that have completed both their state regulatory process and their federal approval process, if a federal approval process was necessary, have been dropped off of this report.