Medicaid Member Advisory Committee Meeting
Department of Medical Assistance Services
Via Microsoft Teams Videoconferencing

June 10, 2026, Minutes

Committee Members
Member # 1
Member # 2
Member # 3
Member # 4
Member # 5
Member # 6
Member # 7
Member # 8
Presenters
Sunday Brownson, Program Administrative Specialist, Organizer
Aaron Moore, Transportation
DMAS Staff
Steve Ford, Director
Cheryl Gallon, Deputy Director
Tammy Whitlock, Deputy for Complex Care Services
Ivory Banks, Chief of Staff
John Kissel, Deputy Director
Daniel Plain, Division Director
Karla Callaham, Assistant Division Director
Tiaa Lewis, Division Director
Jason Rachel, Division Director
Jeannette Abelson, Manager
Montserrat Serra, Manager
Jarek Muchowski, Senior Advisor
Scott Cannady, Senior Program Advisor
Rhonda Thissen, Senior Policy Analyst
Vivian Horn, Senior Policy Analyst
Jessica Mackenzie, Senior Policy Analyst
Lynn Hamner, Senior Policy Analyst
Joanne Atkins, Administrative Assistant
Sienna Goode
Kristin Lough, Minutes

Welcome and Call To Order

Sunday Brownson opened the meeting of the Virginia Medicaid Beneficiary Advisory Council (BAC, Council, or Committee) at 10:02 a.m. on Wednesday, June 10, 2026, via Microsoft Teams Webinar online meeting platform.

Welcome

Welcome – Cheryl Gallon, DMAS Deputy Director

Deputy Director Gallon greeted the Committee and thanked the Committee for their participation in the BAC meeting.

Deputy Director Gallon introduced Ms. Brownson.

Presentation - An Introduction to the Virginia Nonemergency Medical Transportation Programs

Aaron Moore – Transportation

Mr. Moore introduced himself, the manager of the DMAS Transportation Management Services Unit (TMSU) team. The TMSU has six regions throughout the Commonwealth, with five managers over the six regions.

Non-Emergency Transportation (NEMT) provides safe transportation to members who need to get to medical appointments. It includes scheduled transportation for members who cannot drive themselves or use public transportation. Brokers for those companies provide access to transportation, including 24-hour toll-free access for services, take reservations five or more business days in advance, schedule urgent appointments for less than the required notice, verify Medicaid eligibility, verify the appointment is for a Medicaid-covered service, and provide interpretation services as needed.

Some individuals may use Uber, Lyft, or a taxi company if they are ambulatory. Some members require additional levels of service and have access to wheelchair vans, van-stretchers, and stretcher vehicles. Members must dial 911 for emergency services transportation. Fee-for-service members may only use NEMT for transportation to and from medical appointments. Managed Care Organizations, MCOs, may choose to provide transportation to other services like rides to the grocery store for fresh fruits and vegetables.

TMSU provides guidance and oversight to all NEMT programs to ensure continuity and consistent care among all companies.

Questions and comments raised by Committee Members included:

A member indicated that she reached out to Mr. Moore after she missed a very important medical appointment due to a late driver. She indicated that the driver was running late as she was informed by the transportation company. She had to call the provider, and the provider was not able to see her later in the day, and the provider indicated that the provider would not see her again until February 2027. The member indicated that the driver informed the broker that she would not be able to make the member's appointment due to an appointment scheduled earlier in the day. The member indicated that the driver tried to secure additional driver assistance for the member, but the broker did not assist.

Ms. Brownson opened the meeting to public comment.

Public Comment

Jessica Mackenzie introduced the public comment period and process.

A member of the public expressed excitement regarding the BAC and gratitude to Mr. Moore for his participation. The member of the public is a taxi driver and certified community health worker who is contracted with the hospital system to provide transportation for return trips to homes. The member of the public indicated that patients are required to use taxis after waiting at the hospital after four hours following the end of their appointment if the Medicaid transportation provider has not returned. The member of the public asked the best way to document these errors to prevent them in the future.

Tiaa Lewis asked clarifying questions of the member of the public. She indicated that the member of the public should reach out to Mr. Moore or Charlotte, who the member of the public has contacted.

A member submitted the following written comment: My public comment today concerns CCC Plus Waiver members who rely on personal care attendant hours to remain safely in the home and community. I am hearing serious concerns that MCOs are reducing authorized personal care hours without enough direct engagement with the member, family, attendants, or treating providers. When personal care hours are reduced, the burden is often shifted to the patient or family to fight through the appeal process. Many members are elderly, disabled, medically fragile, or do not have the ability to prepare records, medical justification, daily care logs, or appeal paperwork on their own. PCA agencies often do not assist with appeal documentation, and MCO case managers may not maintain regular liaison contact or visit the member to understand the actual care needs in the home. I respectfully recommend that DMAS place this issue on the next BAC agenda and invite representatives from all current Medicaid MCOs to explain how they determine reductions in personal care hours, how often case managers meet members before reductions, what documentation is reviewed, and how members are helped through appeals. I also recommend that DMAS require a clearer member-protection process before personal care hours are reduced, including meaningful case manager contact, review of recent medical and functional documentation, written explanation in plain language, and practical assistance with appeal rights. These services are not just hours on paper; they determine whether a person can remain safely at home.

A member read the following public comment: My public comment is about CCC Plus Waiver members whose personal care attendant hours are being reduced by MCOs. These hours are essential for keeping members safe at home. Before any reduction, there should be meaningful case-manager contact, who refuse to engage, review of current medical and functional needs, and clear written explanation. The appeal process should not be thrown onto the patient or family alone. I respectfully request that DMAS place this issue on the next BAC agenda and invite representatives from all Medicaid MCOs to explain how these reductions are made, what safeguards exist, and how members are supported through appeals. Mr. Safeer's daughter is deaf, blind, mute, and her hours were reduced by 50%. The case manager refused to interact with the family upon that reduction.

A member is in southwest Virginia and knows that MCOs have been reducing hours throughout her area. The member would like to know how the hours are reduced as well as statistics or records regarding the increased number of hearings to get those hours back.

A member is concerned about the projected closures in rural areas as well as 90 healthcare workers being laid off in Lynchburg. As inflation and layoffs are impacting rural communities, Some individuals being moved from closing facilities have projected placement localities hours away from their home and current residential facilities. HGH Emergency Transportation has been successful for her family member. Telehealth has become successful for her child, and she asked whether telehealth could be an alternative for the member of the public's missed appointment due to transportation concerns.

Ms. Mackenzie thanked members for their public comment.

Closing Comments

Deputy Director Gallon thanked members, then identified Executive Leadership Team members who were present, and introduced Director Steve Ford. Director Ford reiterated the importance of the previous comments, indicated that they would be used to create future agendas, and thanked members for their participation.