

DMAS Medicaid Advisory Committee (MAC)

Agenda: September 14th, 2026

Date & Time:	9.14.2026 1:00pm-2:30pm
Location / Platform:	Hybrid Meeting/ DMAS Building – 1 st floor Conference Room, 600 East Broad St, Richmond VA, 23219
To Join Meeting Virtually:	https://teams.microsoft.com/join/287691864559419?p=flfR0Zj9YMJyGeidAk Meeting ID: 287 691 864 559 419 Passcode: xf3vp2AT

Approximate Time

1:00 p.m. Call to Order	Jarek Muchowski
1:10 p.m. Approval of MAC 6.10.2026 Meeting Minutes	
Approval of MAC Bylaws	Jarek Muchowski
1:20 p.m. Director's Remarks	Steve Ford
1:30 p.m. H.R.1 Federal Requirements Update	Jessica Annecchini
1:50 p.m. General Assembly 2026 Update & DMAS	
Legislative Process Overview	Will Frank
2:10p.m. Closing Remarks	Steve Ford

**MEDICAID ADVISORY COMMITTEE (MAC)
MEETING MINUTES**

Wednesday June 10, 2026
3:00 PM

A quorum of the Medicaid Advisory Committee (MAC) convened virtually on Wednesday, June 10, 2026.

Present:

LaSherron Diaz, BAC

Sohail Safeer, BAC

Emily Lafon, Virginia Hospital & Healthcare Association

April Payne, Virginia Health Care Association

Joanna Fowler, Virginia Health Care Foundation

Jennie Reynolds, Anthem HealthKeepers Plus

Bob Newman, MD, Virginia Academy of Family Physicians

Brenda Schoenherr, Virginia Association of Home Care and Hospice

Karah Gunther, Virginia Commonwealth University

Nia Harrison, Virginia Board for People with Disabilities

Duke Storen, Commission, Virginia Department of Social Services

Daryl Washington, Commissioner, Virginia Department of Behavioral Health &
Developmental Services

Absent:

La'Tonya Slaton-Graham, BAC

Yvette Thompson, BAC

Cassidy Taylor, Virginia Association of Community Based Providers

DMAS Attendees: Steve Ford-DMAS Director, Cheryl Gallon, Deputy for Programs, and Brooke Barlow, Public Relations Coordinator, Jarek Muchowski, Senior Advisor, Kathryn Raymond, Kelly Evans, Angie Ekdhal, Montserrat Serra,

Virtual Attendees: Sarah Craddock, Josh McCray, Tynesha Breedlove, Cordell Hayes, Jr. Clea Bell, Christina Nuckols, Charlotte Arbogast, LeVar Bowers, Aisha Suraz, Bridget Collins, Nicole Lawter, Craig Connors, David T. Metnick, Linda Hamrick, Alyssa Ward and Alauna Samuels.

1. Call to Order

Jarek Muchowski, called to open the regular meeting of the Medicaid Advisory Committee 3:00 pm on Wednesday June 10, 2026. A roll call of members was performed.

2. Director's Remarks

DMAS Director Steve Ford provided opening remarks to for the inaugural MAC meeting. The MAC was mandated by CMS final access rule and we are required to establish and maintain an advisory committee.

3. Review of MAC Bylaws

Jarek Muchowski provided an overview of the draft bylaws.

4. DMAS Top Projects Overview

Director Ford provided an overview of the DMAS projects: H.R.1, Behavioral Health Redesign, GA 2026 and Single Pharmacy Benefits Manager.

5. H.R. 1 Medicaid Eligibility Changes

DMAS staff Kathryn Raymond and Kelly Evans provided an overview of the H.R.1 Requirements and Implementation dates, Non-Citizen Eligibility Changes, Reducing Retroactive Coverage, Six-Month Eligibility Redeterminations, Medicaid Work Requirements, Mandatory Exclusions, Optional Exceptions, Compliance, Core Strategies and Communication Strategies.

6. Open Discussion: Medicaid Topics of Interest

Several topics of interest for upcoming meetings were discussed:

- Appeals Process
- Proposed Dental Cap
- Service Denials & Reductions
- Network Adequacy
- PCA Hours/Reduction

7. Public Comment Period

Sohail Safeer requested an opportunity to provide 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, 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.”

8. Closing Remarks/Adjournment

Meeting was adjourned at 4:16pm

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) MAC BYLAWS

Article I. Name

The name of this committee shall be the DMAS Medicaid Advisory Committee, hereinafter referred to as the "MAC."

Article II. Authority

Title 42 CFR 431.12 requires the establishment of a MAC by the single State Medicaid agency. In Virginia, this agency is the Department of Medical Assistance Services (DMAS).

Article III. Purpose

The purpose of the MAC is to advise DMAS on matters of concern related to policy development and the effective administration of the Virginia Medicaid program. The MAC has no direct policy making authority, but its input is used by the DMAS Agency Director on matters within its purview.

Article IV. Activities

Section 1. Advising. Advise the DMAS Director on matters related to policy development and administration of the Medicaid program, at a minimum including:

- (a) Additions and changes to services.
- (b) Coordination of care.
- (c) Quality of services.
- (d) Eligibility, enrollment, and renewal processes.
- (e) Beneficiary and provider communications.
- (f) Cultural competency, language access, health equity, and disparities.
- (g) Access to services.
- (h) Other issues that impact the provision or outcomes of health and medical care services in the Medicaid program as determined by the MAC, BAC, or State such as
 - reviewing the state's Medicaid managed care program report
 - providing input on the state's managed care quality rating system
 - drafting and revising the state's quality strategy
 - public notice and hearing requirements for § 1115 demonstration projects.

Section 2. Consulting. The State will consult with the MAC in the review of marketing materials.

Section 3. Annual Report. The MAC, with support from DMAS, shall submit an annual report describing activities, topics discussed, and recommendations. DMAS will review the report and include responses to the recommended actions. Additionally, DMAS will:

- a) Provide MAC members with final review of the report;
- b) Ensure that the annual report of the MAC includes a section describing the activities, topics discussed, and recommendations of the Beneficiary Advisory Council (BAC), as well as the State's responses to the recommendations; and

- c) Post the report to the DMAS website within 30 days of the annual report finalization.

Article V. Conduct of Business

To assist in addressing any situation that may arise which is not specifically covered by the Bylaws, the rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the MAC in all cases to which they are applicable, to the extent that they are not inconsistent with the laws of Virginia, these Bylaws, or any special rule the MAC may adopt.

Article VI. Membership

Section 1. Recruitment. DMAS will maintain an Expression of Interest form on its website and select members as outlined in the MAC Member Recruitment and Selection Policy and in accordance with requirements of 42 CFR 431.12.

Section 2. Appointment. Members shall be appointed by the DMAS Director.

Section 3. Composition.

(a) Membership shall include at least one person from each of the following categories:

- 1) State or local consumer advocacy groups or community-based organizations that represent the interests of, or provide direct service to, Medicaid beneficiaries;
- 2) Clinical providers or administrators who are familiar with the health and social needs of Medicaid beneficiaries and with the resources available and required for their care;
- 3) Representatives of participating Medicaid managed care organizations (MCOs), or a health plan association representing more than one such plan;
- 4) Other Virginia state agencies serving the Medicaid population (as ex officio, non-voting members).

(b) The MAC must also include the following percentages of members from the BAC:

- 1) For the period from July 9, 2025 through July 9, 2026, 10 percent of the MAC members must come from the BAC;
- 2) for the period from July 10, 2026 through July 9, 2027, 20 percent of MAC members must come from the BAC;
- 3) thereafter, 25 percent of MAC members must come from the BAC.

Section 4. Term of Service.

Members will serve a two (2) year term. Member terms shall be alternating such that approximately half of seats are vacated each year. To establish this staggered structure, during the initial year of Committee formation, approximately half of the members shall be appointed to an initial one (1) year term and the remaining members shall be appointed to an initial two (2) year term, as determined by the DMAS Director or designee.

The members described in Section 3 (a)1-3 above are each responsible for representing the broader stakeholder groups and gathering their feedback for meetings.

No member shall be eligible to serve on the Committee for consecutive terms but may be considered to serve on the Committee again after a 2-year absence. Should any Committee member be unable to complete their full term on the Committee, that member shall provide written notice to the DMAS Director or designee at least 30 days prior to resignation.

Section 5. Resignation. Members must submit written resignation to the DMAS Director or designee.

Section 6. Compensation. Committee members shall serve without compensation. However, the Department shall pay or reimburse such reasonable costs as necessary for the work of the Committee. Such reasonable costs may include travel, meals, lodging and parking. Such payments or reimbursements shall be consistent with the governing authorities of the Commonwealth of Virginia. DMAS shall pay the operating expenses of the Committee.

Article VII. MAC Leadership positions

The DMAS Director or designee shall select a Chair and Vice Chair from among the MAC's voting members at the first meeting of each calendar year. Officers shall serve a term of one (1) year, or until the completion of their membership term, whichever occurs first. Nominations, including self-nominations, may be submitted to the DMAS Director or designee by any voting member. In the event of a vacancy of the Chair position, the Vice Chair shall assume the duties of the Chair until a successor is selected. Officers may be removed from the position by the DMAS Director or designee for reasons including, but not limited to, failure to fulfill duties, excessive absences, or conflict of interest.

Article VIII. Meetings

Section 1. Frequency. Meetings shall be held at least quarterly and shall be open to the public. MAC will coordinate with the BAC in scheduling meetings so that the BAC can meet in advance of the MAC as required per 42 CFR 431.12e2.

Section 2. Format and Electronic Participation. Meetings shall be conducted in accordance with the Virginia Freedom of Information Act (FOIA), including §§ 2.2-3707, 2.2-3708.2, and 2.2-3708.3 of the Code of Virginia, as amended.

Meetings may be held:

1. In person;
2. In a hybrid format that includes both in-person attendance and electronic access for the public; or
3. Through electronic communication means only when authorized by applicable Virginia law.

Any participation by Committee members through electronic communication means shall be conducted in compliance with Virginia FOIA requirements governing electronic meetings and remote participation.

Section 2A. Remote Participation by Members. A member may participate in a meeting through electronic communication means only as permitted by Virginia FOIA and any policy adopted by DMAS governing

remote participation. Prior to participating remotely, the reason for remote participation shall be disclosed and recorded in the meeting minutes as required by law. A member participating remotely pursuant to Virginia FOIA shall be counted as present for purposes authorized by law and may vote as permitted under applicable law. The Committee shall maintain records of remote participation sufficient to satisfy Virginia FOIA requirements.

Section 3. Accessibility. DMAS shall facilitate participation of beneficiaries by ensuring that meetings are accessible to people with disabilities, that reasonable modifications are provided when necessary to ensure access and enable meaningful participation, and communications with individuals with disabilities are as effective as with others. DMAS shall take reasonable steps to provide meaningful access to individuals with Limited English Proficiency, and shall ensure that meetings comply with ADA, Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act, and section 1557 of the Affordable Care Act at 28 CFR part 35 and 45 CFR parts 80, 84 and 92, respectively.

Section 4. Notice.

Notice of all regular meetings will be announced at least 30 calendar days in advance of the date of the meeting by publication on Virginia Regulatory Town Hall (<http://townhall.virginia.gov/>) and the DMAS website (www.DMAS.Virginia.Gov). Meeting materials will be posted publicly in advance of the meeting.

Section 5. Quorum.

Presence at a public meeting of at least fifty-one percent (51%) of the voting members of the Committee shall constitute a quorum; for in-person meetings, members must be physically present to count towards the quorum. All decisions of the Committee require approval by a majority of the virtually or physically assembled quorum. In the event that a quorum is not established, Committee members may still meet, but shall not take votes on any issue.

Committee Member Attendance – If a Committee member misses two consecutive regularly scheduled meetings in one year, their membership may be terminated at the discretion of the director.

Section 6. Special and Emergency Meetings.

Notice of special, emergency, or continued meetings shall be provided in accordance with Virginia FOIA and contemporaneously with notice provided to Committee members.

Article IX. Role of DMAS

Section 1. Consideration. The DMAS Director shall review and consider MAC recommendations.

Section 2. Support. DMAS shall provide staffing and operational support to the Committee.

Section 3. Public Documentation. DMAS shall make publicly available on its website the following documents of the MAC:

(a) Bylaws

- (b) Member recruitment and selection process
- (c) Member list
- (d) Meeting schedule
- (e) Meeting minutes
- (f) Annual report

Section 3A. Minutes of meetings conducted with electronic participation shall include:

- (a) The identity of members physically present;
- (b) The identity of members participating electronically;
- (c) The identity of members monitoring electronically without voting, if applicable;
- (d) Any FOIA-required disclosures regarding remote participation;
- (e) All votes taken and the manner in which votes were cast.

Section 4. Annual Report. DMAS shall assist in preparation, review, and publication of the Annual Report described in Article IV, Section 2.

Section 5. Effective Date. These Policies and Procedures shall take effect immediately upon approval by the Director or their designee. The policies and procedures will be presented to the Committee at the next scheduled meeting for a vote.

Virginia General Assembly Update

Will Frank
*Senior Advisor for Legislative,
Department of Medical
Assistance Services*

DMAS Legislative Role

1. Monitor introduced legislation
2. Review legislation and budget language for Secretary and Governor
3. Make position recommendations to Secretary and Governor
4. Communicate Governor's positions to General Assembly
5. Provide expert testimony and technical assistance to legislators on legislation

2026 GA Session Stats

- 2,864 bills introduced.
- DMAS was assigned 38 lead bills plus took an active role in key legislation led by other agencies.
- DMAS also had 5 bills introduced on behalf of the agency.
- Major topics include:
 - Maternal Health
 - Waiver Issues
 - Pharmacy benefit changes

Maternal Health

- DMAS related maternal health bills included:
 - Remote Patient Monitoring for Pregnant and Postpartum Patients
 - Codifying existing Doula services for Pregnant and Postpartum Patients
- Budget language to require DMAS to convene a workgroup to look at midwives contracting with managed care organizations.

Pharmacy Legislation

- Legislation and Budget Amendments were introduced dealing with Pharmacy Benefits Manager.
- DMAS worked with the Secretary's Office, patrons, and stakeholders to provide technical assistance.
- Budget language to delay implementation of single Medicaid PBM.
- Budget language on looking at models to deliver weight loss medications.

Waiver Services

- Legislation to remove the sunset clause for the SSDI disregard from 2025.
- Budget language to require Electronic Visit Verification for live-in caregivers.
- Budget language to implement a 56-hour limit on personal care services.

Agency Legislation

- DMAS worked with the Governor's Office to introduce legislation this session.
 - Legislation to remove requirement that guardianship documents are sent to DMAS.
 - Legislation to amend how report on State and Local Hospitalization Program is submitted.
 - Legislation to streamline the Facilitated Enrollment process.

Other Legislation/Budget

- Medicaid billing trainings for school districts.
- Expedited review process for Medicaid service authorization requests.
- Budget language and funding for HR1 requirements.
- Budget language updating Nursing Facility Value Based Payment standards.
- Delaying Medicaid Behavioral Health Redesign

Other Budget Amendments

- \$2,000 cap on adult dental services
- Allows participation in CMS Cell Gene Therapy Access Model for Sickle Cell Disease Treatment
- Funding for Reach Out & Read pilot program
- Elimination of community stabilization services
- Applied Behavior Analysis services 20 hours per week limit and autism diagnosis requirement
- Mobile crisis services limited to four hours per incident

What's Next

- Governor will introduce budget December 17th, 2026.
- General Assembly convenes January 13th, 2027.
- 2027 General Assembly Session will be a “short session” lasting 45 days.

DMAS Policy Implementation

- After the GA passed legislation and the budget, DMAS staff work to develop a list of all actions the agency needs to take that fiscal year.
- An internal DMAS workgroup tracks these items during implementation which allows for cross division collaboration.

Questions

Thank you

Will Frank- will.frank@dmas.virginia.gov

H.R. 1 – Medicaid Eligibility Impact Updates

September, 2026

Information included in this document is based on the state's current understanding of the new requirements. Additional forthcoming federal guidance may result in changes.

H.R. 1 Requirements & Implementation Dates

Oct 1, 2026

§ 77109

Noncitizen Medicaid Eligibility

§ 71110

Expansion FMAP for Emergency Medicaid

Jan 1, 2027

§ 71103

Reducing Duplicate Enrollment Under the Medicaid and CHIP

§ 71107

Eligibility Renewals (6-month)

§ 71112

Reducing State Medicaid Costs, Reducing Retroactive Coverage

§ 71119

Establish Medicaid Work Requirement

§ 71104

Ensuring Deceased Individuals Do Not Remain Enrolled

Section 71110 is a financial only change. Prior to October 1, 2026, states could claim the 90/10 match for emergency services members enrolled due to meeting all requirements for eligibility other than immigration status in the expansion category. On or after October 1st, states may only receive the base Medicaid rate for reimbursement (roughly 50/50).

H.R.1 - Eligibility & Enrollment Changes

Requirement	Effective Date
‘Qualified Noncitizen’ definition and eligibility changes – Amends the definition of ‘qualified alien,’ limiting Medicaid eligibility for noncitizen adults.	October 1, 2026
Work requirement – Requires states to implement a federal work requirement for Medicaid Expansion.	January 1, 2027
Six-month eligibility redeterminations – Requires states to redetermine the eligibility of Medicaid Expansion members every 6 months.	January 1, 2027
Reducing retroactive coverage – Reduces retroactive coverage for Medicaid from three months to one month for Medicaid Expansion and two months for all other Medicaid covered groups. Reduces optional CHIP retroactive coverage from three to two months. VA has not adopted the CHIP retroactive coverage state option.	January 1, 2027
Reducing duplicate enrollment under Medicaid and CHIP programs – Requires states to use additional data sources to identify potential out of state individuals (including but not limited to the National Change of Address files and Managed Care data), and in the future, to utilize a federal system implemented by HHS.	January 1, 2027 October 1, 2029 HHS system available
Ensuring deceased individuals do not remain enrolled – Requires states to utilize the quarterly Social Security Administration (SSA) Death Master File (DMF) in addition to state files to identify deceased members.	January 1, 2027

Non-Citizen Updates for Non-Pregnant Adults*

Before October 1, 2026

- Lawful Permanent Residents
- Compact of Free Association (COFA) migrants
- Parolees
- Conditional Entrants
- Battered noncitizen
- Refugees
- Asylees
- Amerasians*
- Cuban and Haitian entrants
- Deportees whose deportation is withheld
- Victims of trafficking and their spouse, child, sibling or parent
- Iraqi and Afghan with Special Immigrant Visas (SIVs)*
- Supplemental Security Insurance (SSI) recipients
- Certain American Indians/Alaskan Natives born in Canada
- Legally residing active-duty military/veterans and their spouses and dependent children

As of October 1, 2026

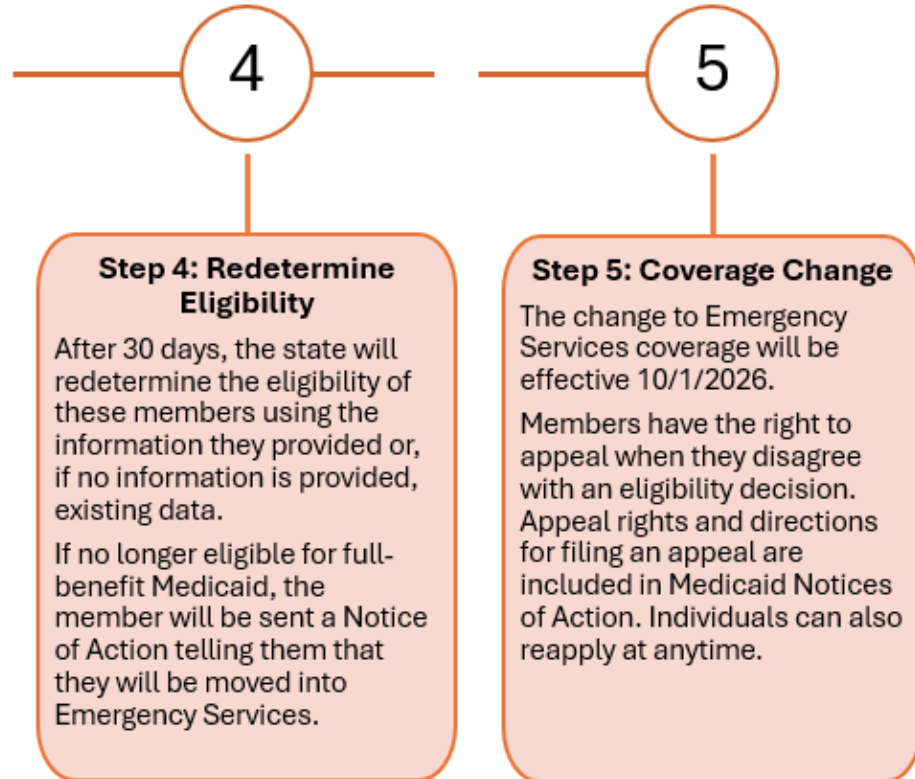
- Lawful Permanent Residents
- Compact of Free Association (COFA) migrants
- Cuban and Haitian entrants

* Reminder, CHIPRA 214 states (which Virginia is) also provide coverage to lawfully residing residents of multiple statuses provided they are a child under 19 or a pregnant individual.

The Townhall for this topic was presented on August 13, 2026. The [presentation](#) and [slide deck](#) are posted on the DMAS [noncitizen webpage](#).

* *Amerasian and SIV status automatically receive LPR status and can be treated as such.*

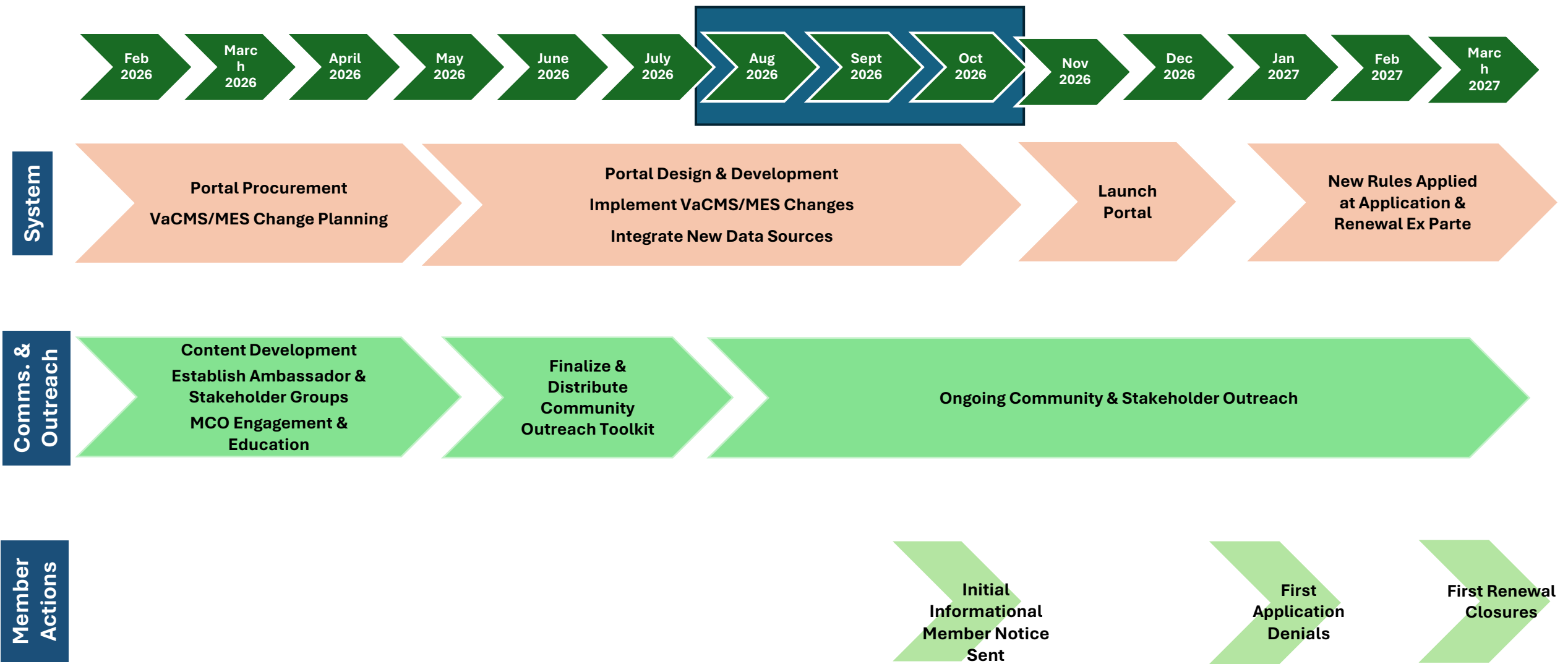
Implementation Updates: Non-Citizen Changes



September Updates:

- After the first data match, 30 members were determined as gaining a new status that maintains their eligibility under the new rules. 5,826 members were sent a notice asking for additional information within the 30-day timeframe. The 30-day response window has now closed.
 - Outreach to this population occurred from DMAS, MCOs, and the VDSS Office of New Americans.
- For individuals who submitted a new status, the state is responsible for running the new information against data sources if required to validate status:
 - If eligible, coverage continues.
 - If eligible but the data sources do not provide verification, the member is provided a 90-day reasonable opportunity period to return further information to verify.
 - If ineligible for Medicaid/CHIP, they are reviewed for all other coverage prior to closure.
- For individuals found ineligible and/or those have not submitted anything additional to update their status, they will be reviewed and determined prior to October 1st.

Work Requirement Implementation Timeline



Implementation Updates: Work Requirements

Federal Updates

- CMS provided guidance to states in June 2026 for implementation/systems work
 - The updated guidance provided changes and clarifications to the following areas:
 - Clearer definitions of compliance and exemption criteria
 - Including “that makes it difficult to work, volunteer, or attend school” to the medical frailty definition
 - Updates to verification processes
- CMS added the National Student Clearinghouse and Veteran’s Disability Status to the Federal Hub data services platform

State Updates

- State agencies attend meetings regularly with CMS, NAMD, and other states to discuss implementation plans, assisting states with associated system and policy development and troubleshooting outstanding questions.
- The DMAS [Work Requirements webpage](#) has been updated, including a [townhall presentation schedule](#).
- The first informational notice went out to members over a four-week period starting August 24th.
- Training plans are in development to include micro learnings for all audiences (internal, external, informational).

Implementation Updates: Six-Month Renewal and Retroactive Coverage Changes

Six-Month Renewals

- System changes are aligned with work requirements as the changes affect the same covered group
- DMAS is working with managed care organizations on outreach plans for affected members, adhering to dual modality requirements.
- **Ask:** Continue to remind individuals to keep their contact information updated and connect their case to their CommonHelp account to submit electronic applications, renewals, and verifications.

Retroactive Periods

- Policy and system changes are in flight to align with the effective date.
- Outstanding federal guidance needed regarding applicable retro period when the coverage group changes.
- **Ask:** Continue to remind individuals to promptly open and act on anything they receive from state agencies.

Implementation Updates: Enrollment Changes

Duplicate Enrollments

- Starts with states' taking action to review any records of duplicate enrollment using existing sources to reduce the frequency and length of duplicate enrollments.
 - In 2029, HHS must develop a service for states to report their enrollment records for an automated match
- Internal system changes in flight to align with the effective date.
- Working with a vendor to jump start the process on a quarterly basis; this should give greater and faster insight into potential duplicate enrollments, regardless if the member moved to or from Virginia.

Death Master File Checks

- Requires states to use a Death Master File to increase from today's processes that use state level data.
 - Early experience from other states indicates the data may not be accurate or align with separate SSA inquiries, which may indicate a need for outreach to the member for more information.
- This file will be added to the existing automated process to close individuals upon receipt of verification of death.

Noncitizen & Work Requirement Toolkits

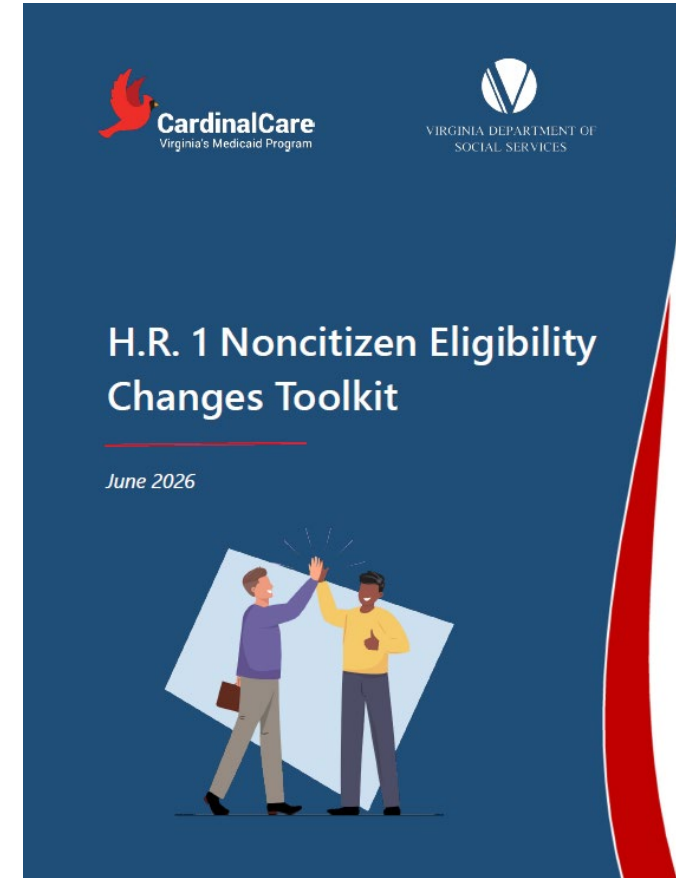
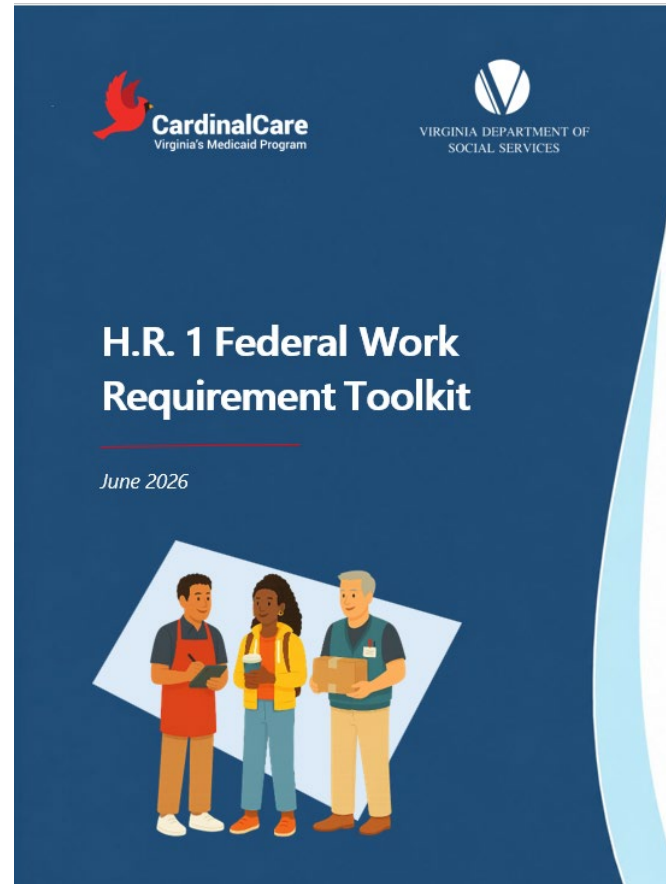
Includes

- Policy Change Summary
- FAQ
- Copy of Member Notice
- Member Flyer
- Member Rack Card
- Sample DMAS/VDSS Presentation
- Sample Member Messages
- Sample Provider Messages
- Sample Advocate Messages

Posted for download

Noncitizen Toolkit - dmas.virginia.gov/for-applicants/information-for-noncitizens/

Work Requirement Toolkit - dmas.virginia.gov/news-updates/new-federal-requirements/federal-work-requirements/



Resources

- H.R. 1 Full Text: [congress.gov/bill/119th-congress/house-bill/1/text](https://www.congress.gov/bill/119th-congress/house-bill/1/text)
 - Medicaid changes: Sections 71101-71121
 - Medicare changes: Sections 71201-71203
 - Health Tax changes: Sections 71201-71308
 - Rural Health Transformation Program: Section 71401
- Working Families Tax Cut Legislation Webpage, CMS landing page for H.R. 1 guidance [medicaid.gov/resources-for-states/working-families-tax-cut-legislation](https://www.medicaid.gov/resources-for-states/working-families-tax-cut-legislation)
- DMAS community-facing materials: [NEW Federal Requirements:](#)
 - [HR 1 Overview Deck](#)

Thank You!

