

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

June 14, 2021 Minutes
Approved by Unanimous Vote

Committee Members	DMAS Staff
Donald Williams	Karen Kimsey, M.S.W., Director
Summer Sage*	Laura Reed, L.C.S.W. Behavioral Health Senior Program Advisor
Ghadah Aljamali	Tammy Whitlock, Deputy Director of Complex Care Services
Karin Anderson	Susan Martin, Senior Policy Analyst
Elvira Prince	John Stanwix (meeting organizer and facilitator)
Olatunji Fakunmoju	Christina Nuckols, Director Strategic Communications
Matthew Shapiro	Beth Alexander (meeting organizer and WebEx administrator)
Geoffrey Short	Brian McCormick, Division Director, Legislative and Intergovernmental Affairs
Donna Segura	Walter Burton (meeting organizer)
<i>*Denotes left meeting early</i>	Jesús Pérez (PowerPoint administrator)
	Kristin Lough (prepared minutes)

Welcome and Call To Order

John Stanwix called to order the second meeting of the 2021 Medicaid Member Advisory Committee (MAC or Committee) at 10:02 a.m. on Monday, June 14, 2021, via WebEx online meeting platform. Mr. Stanwix explained that the meeting had a full agenda and emphasized that Committee members would have time to ask questions and share feedback during the meeting. He then introduced the DMAS Director.

Welcome

Welcome – Karen Kimsey, M.S.W., DMAS Director

Director Kimsey greeted the Committee and thanked the Committee for their participation in the virtual MAC meeting. She expressed gratitude and congratulations to new Committee members for joining the Committee and for providing feedback to the team. Director Kimsey indicated that the day's agenda would include a discussion of behavioral health initiatives, an icebreaker, and the elimination of the 40 working quarters requirement for lawful permanent resident Medicaid applicants. Director Kimsey turned the meeting back to Mr. Stanwix.

Member Introduction

Mr. Stanwix asked members to introduce themselves, indicate where they are in Virginia, and who they represent on the MAC. The committee members, residing in different regional areas from around the state, introduced themselves and stated who they are representing.

Presentation – Project BRAVO: Behavioral Health Redesign for Access, Value and Outcomes

Laura Reed, LCSW Behavioral Health Senior Program Advisor

Project BRAVO encompasses DMAS redesigning the behavioral health program. Ms. Reed outlined the goals of behavioral health throughout the state. She indicated that the current system focuses on high-acuity, which is reactive and crisis driven, relying on intensive services for acute problems. Ms. Reed indicated that DMAS sought to provide care in the least-restrictive environment, increase preventive care, and implement proven, evidence-based practices.

Ms. Reed stated that DMAS was in Phase 1 of BRAVO, which includes broadening services, and she indicated that will take years to implement. System Transformation Excellence and Performance (STEP-VA), part of Virginia Department of Behavioral Health and Developmental Services (DBHDS), is working to increase access, quality, consistency and accountability across Community Service Boards (CSBs). Ms. Reed explained that BRAVO would be putting six critical services to put in place over coming months:

1. Partial Hospitalization Program (PHP) – few providers offer and few members receive this service. It would reduce people having to receive hospitalization by providing 4-6 hours of care per day in a day program setting with a psychiatrist running the treatment plan.

2. Intensive Outpatient Program (IOP) – would provide care 2-3 days per week, for 2-3 hours at a time. The care would have a clinical focus, run by medical providers such as a doctor or nurse practitioner.
3. Assertive Community Treatment (ACT) – is an evidence-based treatment plan intended to provide robust community care. ACT is wrap-around service in a team environment providing several services following a national model. Ms. Reed indicated that many CSBs are already providing this care, and BRAVO is creating a Medicaid rate to pay for the service.
4. Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23 Hour Observation)
 - a. Mobile Crisis – generally two, individuals dispatched from a CSB to help individuals in acute distress.
 - b. Community-Based – care in the community for individuals who need more time to stabilize but who do not need to be in hospital.
 - c. 23 Hour Observation – observation in a clinic setting for individuals who do not need hospitalization, but who need a place to stabilize.
 - d. Residential –reduced care rather than, or prevention of, hospitalization.
5. Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) – both are evidence-based practices for youth. The goal of MST and FFT is to prevent residential care, and for incarcerated youth, to keep youths in the community with families rather than in a residential treatment position.

Ms. Reed noted that the General Assembly provided the budget to broaden the behavioral health array, a manual is in place, DMAS is training providers, and that DMAS hopes to see implementation in July 2021 for ACT, PHP, and IOP, and in December 2021 for MST, FFT, and Comprehensive Crisis Services. Ms. Reed indicated that Phase 2 should start in December 2021, which would improve crisis services, create a new structure and process, and create a “988” number, as an alternative to 911, for behavioral health emergencies. Ms. Reed mentioned that Phase 3 would seek to continue broadening the available services.

Mr. Stanwix thanked Ms. Reed for the presentation, then offered members the opportunity to ask questions.

Mr. Stanwix read a question in the chat asking if this care required qualifying for certain waivers. Ms. Reed replied that the budget includes all members, and that the services would be available to all Medicaid recipients.

Summer Sage stated that she was excited for all members, but asked if DMAS would increase the number of providers to meet demand. Ms. Reed answered that unfortunately training funds for providers were removed from the budget with the COVID budget reductions. She explained that DBHDS and DMAS are looking for other funds for that training. Ms. Reed indicated that Virginia Department of Social Services (VDSS), DBHDS, and the Department of Juvenile Justice are working together to increase support of providers for children’s services. She conceded that the increased care will not happen overnight, but that it was incredibly important. Ms. Reed stated that all the agencies have contracted with VCU for Center of Excellence to create a hub for evidence-based practices in state. She also noted that

DBHDS was creating a public database where anyone can click on a type of treatment and see who in the Commonwealth provides that service, along with their rating.

Olatunji Fakunmoju asked if anyone had looked at Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and pharmacy data to see if they can aggregate data to determine what care did and did not work. He also asked if providers get credit and develop processes to determine type of care through the Center of Excellence. Finally, Mr. Fakunmoju said he did not see unit cost for Phase 1 and Phase 2 and asked if \$14M-\$24M was understated for the types of necessary services.

Tammy Whitlock, Deputy of Complex Care Services replied that DMAS has looked at the data over 8-10 years. She stated that DMAS conducted a study a few years ago, and that data drove the changes under BRAVO. She indicated that the current available services are not evidence-based, so DMAS cannot determine the impact of the services because providers cannot validate that information through data. Ms. Whitlock indicated that DMAS wanted to see what the outcomes are and see if BRAVO improves care and reduces costs. She noted that DMAS had a big workgroup with stakeholders and providers who were excited about rates and services. Ms. Whitlock directed Mr. Fakunmoju to look at a provider memo with unit rates and to look for a new memo with Phase 2 information coming soon.

Mr. Stanwix thanked the members for their questions and introduced Susan Martin, Senior Policy Analyst, for her presentation.

Presentation - New Health Coverage Rules For Green Card Holders Effective April 1, 2021

Susan Martin, Senior Policy Analyst

Ms. Martin stated that effective April 1, 2021, Virginia eliminated the need for 40 working quarters for Lawful Permanent Residents to qualify for Medicaid. Ms. Martin indicated that Virginia follows federal mandatory rules, but that the 40 working quarters requirement was an optional rule. Ms. Martin explained that a Medicaid applicant who was a Lawful Permanent Resident, or green card holder, who resided in the United States for at least 5 years could now qualify for full coverage Medicaid if they met the other non-financial and financial requirements for Virginia Medicaid. Ms. Martin stated that the five-year residence requirement is a federal requirement established in 1996. She indicated that, prior to the change, DMAS required that the applicant have 10 or more years of work history to qualify for Medicaid, and that DMAS would allow the applicant to share those work quarters with a spouse.

Ms. Martin stated that a Lawful Permanent Resident who has resided in the United States for five years could qualify for doctor visits, prescriptions, hospital care, long-term supports and services, and that as of July 1, 2021, DMAS will cover dental services for adult recipients. Ms. Martin indicated that lawfully residing children under 19 would receive full coverage, with no time limit or work requirement. Ms. Martin explained that lawfully residing pregnant women would also qualify for full coverage Medicaid if

they meet all other non-financial and financial Medicaid requirements. Ms. Martin indicated that as of July 1, 2021, pregnant women, regardless of immigration status, would receive full coverage Medicaid with no wait. Ms. Martin outlined the humanitarian statuses, including refugees and asylees, and a few other status, would be eligible for full Medicaid for the first 7 years in the country, if they meet all non-financial and financial Medicaid requirements. Ms. Martin noted that individuals with other immigration statuses, no immigration status, and pregnant women, only until June 30, 2021, may be eligible for emergency medical services with no waiting period or work requirement. Ms. Martin indicated that those emergency services applicants must meet all other non-financial and financial requirements.

Ms. Martin explained that a Medicaid applicant must be a resident of Virginia. She referenced that visitors cannot be residents, but DMAS accepts residency by declaration, so if a visitor decides to stay in Virginia, it may be sufficient for residency.

Mr. Stanwix thanked Ms. Martin for the presentation, then offered members the opportunity to ask questions.

Donnie Williams asked to confirm that DMAS is dropping the work requirement for Lawful Permanent Residents. Ms. Martin answered that he was correct, Virginia has removed the work requirement for Medicaid eligibility for Lawful Permanent Residents, but the 5-year residency requirement stays in effect, as it is a federal requirement for Medicaid. Ms. Martin explained that eliminating the work requirement especially benefits individuals closer to retirement age, like grandparents coming to the United States with their families. She explained that the policy change would help those individuals qualify for long-term care (LTC) services.

Mr. Stanwix thanked Committee members for their questions and introduced the icebreaker.

Icebreaker

Mr. Stanwix asked members how they learned about Medicaid, and what sources they used to learn more information about Medicaid.

Ghadah Aljamali said she knew about Medicaid from word of mouth, but searched all over the internet to learn about Medicaid. She stated that it is hard to find simple, easy-to-understand information about the system. She indicated that the Medicaid websites can be distracting, requiring lots of clicks, and that she wishes the information were simpler to find. Ms. Aljamali said sometimes she has to call and speak to someone to explain the information she has read online.

Olatunji Fakunmoju said that he learned about Medicaid online, went to local social services and publications for information. He listed the DMAS and VDSS websites and publications from both agencies. Elvira Prince said that she applied for Medicaid because her income was insufficient after she

ceased working. Ms. Prince said she learned most information on the internet, but the information is not easy to find online.

Matthew Shapiro said that he is a person with disability, so he has had to navigate the system for services. He said that he was recently the chair of the Virginia Board for People with Disabilities, and that he uses his network for information as well as Google searches. Geoffrey Short sought information about Medicaid when a family member was terminally ill and seeking care. He said that the family member received Medicaid for hospital visits and time in hospice. Mr. Short said that his family used the internet and local Social Services agencies for assistance. Donnie Williams said that a family member used Medicaid prior to passing. He said that he contacted his local county office for information. He said that he is still learning and receiving information from Walter Burton at DMAS. Mr. Stanwix read a chat comment from Karin Anderson who said that her first job was in a doctors' office, which was where she learned about Medicaid.

Mr. Stanwix referenced websites for information: www.dmas.virginia.gov and www.coverva.org. He encouraged Committee members to view both websites and stated that he hoped to receive feedback from members about the websites at a future meeting. Mr. Stanwix introduced a presentation about DMAS' organizational structure. He said that DMAS would be glad to bring in staff members to speak and answer questions based on Committee member requests.

Presentation – Review of DMAS Organizational Chart – John Stanwix, Appeals Division Director

Review of DMAS Organizational Chart

John Stanwix, Member Committee Staff

Mr. Stanwix outlined the core categories of DMAS: Agency Support, Administration, Service Delivery, Finance, Strategic Planning and Project Management. He outlined the DMAS Executive Leadership Team of Karen Kimsey, Agency Director; Ellen Montz, Chief Deputy; Ivory Banks, Chief of Staff; Cheryl Roberts, Deputy for Programs; Tammy Whitlock, Deputy for Complex Care Services; Dr. Chethan Bachireddy, Chief Medical Officer; Sarah Hatton, Deputy of Administration; and Chris Gordon, CFO/Deputy of Finance.

Mr. Stanwix reviewed the DMAS Organizational Chart, including each division under each Deputy Director, and he invited the members to read the chart more closely to determine from whom they would like to hear in future meetings.

Review and Vote to Approve Minutes from Inaugural Meeting on April 12, 2021

Each of the MAC members were given a copy of the April 12, 2021, meeting draft minutes, and the draft minutes were also posted on the Virginia Town Hall website. Mr. Stanwix explained that this would be the 2021 MAC's first vote as a committee, and explained the process for making a motion to accept or propose changes to the draft minutes.

MAC member Donnie Williams made a motion to accept the draft minutes from the April 12, 2021, meeting. MAC member Matthew Shapiro seconded the motion to accept the minutes. The Committee then voted unanimously to approve the minutes.

Review and Vote to Approve Medicaid Member Advisory Committee Policies and Procedures

Mr. Stanwix introduced the MAC Policies and Procedures and asked if a MAC member would move to adopt the Policies and Procedures. MAC member Donnie Williams made a motion to accept the Policies and Procedures. MAC member Geoffrey Short seconded the motion to accept the Policies and Procedures. There were no objections or comments regarding the Policies and Procedures. The Committee then adopted the Policies and Procedures.

Mr. Stanwix opened the meeting to public comment.

Public Comment

Theresa Champion introduced herself and thanked the Committee members for their service. She indicated that she was a parent of a young man receiving Medicaid, and that she is his attendant. Stating that she was speaking on behalf of other families unable to appear, Ms. Champion sought to point out a lack of Medicaid participating providers, specifically attendant care, because there are no benefits, low pay rates, and a 40-hours-per-week cap on work. Ms. Champion said she knows of a family who cannot find nursing care for a child who rarely sleeps and needs intense medical support. She urged DMAS to do something to encourage more providers, personal care attendants, and others. Ms. Champion also asked DMAS to research PANDAS/PANS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections/ Pediatric Acute-onset Neuropsychiatric Syndrome), which results from a strep infection. She indicated that PANDAS/PANS presents with intense behavior, caused by an underlying medical condition that must be treated. Ms. Champion indicated there is an advisory council under the Virginia Department of Health (VDH), and that she hopes DBHDS and DMAS will join in research to recognize behavioral issues being triggered by underlying strep and viral attacks. Ms. Champion pointed out that she expects PANDAS/PANS to increase based on COVID infections. Ms. Champion thanked the Committee for the opportunity to speak. Mr. Stanwix thanked Ms. Champion for her comment, and asked for additional public comment. Hearing none, Mr. Stanwix moved onto adjournment.

Adjournment

Mr. Stanwix thanked the Committee for joining, he stated that DMAS will evaluate the MAC member questions and comments to create agenda topics for future meetings, and indicated the next meeting would be held Monday, August 9, 2021, from 10:00 a.m. until 12:00 p.m. Mr. Stanwix asked if Director Kimsey would like to make any closing remarks. Ms. Kimsey reiterated a desire for members to reach out with questions and ideas regarding the meetings, and implored all to stay safe and healthy.

Mr. Stanwix thanked members for their participation and adjourned the meeting at 11:47 a.m.