

2024 Virginia Medicaid

MEMBER ADVISORY COMMITTEE (MAC)



VIRGINIA'S MEDICAID PROGRAM



MEDICAID
MEMBER ADVISORY
COMMITTEE

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9. Closing Remarks and Announcements
10. Adjournment



GENERAL MEETING AGENDA

April 08, 2024
10:00 AM - 12:30 PM

Presenter:

Natalie Pennywell

Outreach and Community Engagement Manager
Virginia Department of Medical Assistance Services



Virginia Medicaid Member Advisory Committee MAC MEETING AGENDA



April 8, 2024

Location: Virginia Department of Medical Assistance Services (DMAS), 600 E. Broad Street, Richmond, VA 23219

Access Link for WebEx Event	Phone Bridge for Audio ONLY	Access Code for Audio ONLY
https://covaconf.webex.com/covaconf/j.php?MTID=m6744c6b5ac2e939e65df712dd6a9454e	Join by phone +1-517-466-2023 US Toll +1-866-692-4530 US Toll Free Access code: 243 975 07694	Webinar ID: 2439 750 7694 Passcode: fHPWzmKS262 (34799657 from phones)

The link to view live captions is as follows:



<https://www.streamtext.net/player?event=HamiltonRelayRCC-0408-VA4086>

Approximate Time

- 10:00 a.m.** **Call to Order & Introductions**
Call to Order
Welcome by DMAS Executive Leadership, Committee Member, ELT, and Speaker Introductions
- 10:15 a.m.** **Vote on November 13, 2023 MAC Minutes**
- 10:20 a.m.** **Presentation – 12-Month Continuous Children’s Coverage**
 15-minute presentation; 15-minute Q&A
- 10:50 a.m.** **Presentation – Role of Local Department of Social Services**
 15-minute presentation; 15-minute Q&A
- 11:20 a.m.** **Presentation – ARTS 1115 Waiver Renewal**
 15-minute presentation; 15-minute Q&A
- 11:50 a.m.** **Presentation – Cardinal Care Resources and Transportation Process Review**
 10-minute presentation; 10-minute Q&A
- 12:10 p.m.** **Public Comment**
 *Those wishing to make a public comment must join via the WebEx link or In-person. Send a message to one of the hosts or place your full name and location in the comments to be recognized during this time. Each speaker will be granted only two (2) minutes to speak.
- 12:25 p.m.** **Closing Remarks and Announcements**
- 12:30 p.m.** **Adjournment**


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

Committee Contacts: Natalie Pennywell and Dorothy “Dot” Swann at mac@dmas.virginia.gov



Virginia Medicaid
Member Advisory Committee
(MAC) Meeting:
General Meeting

Monday, April 08, 2024



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Accessibility Check-in Reminders: All Attendees

- Say your name each time you speak.
- Attendees are provided materials ahead of time and in an accessible format.
- Use a microphone to project your speech; if one is not available repeat questions when asked.
- Language access options provided upon request to include real time captioning.
- Spell acronyms and avoid or define terms, jargon, and idioms.
- Speak clearly; avoid speaking too fast, which is particularly helpful to individuals whose primary language is not the one in which you are speaking, sign language interpreters, and real time captioners.

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Accessibility Check-in Reminders: Speakers

- Summarize major points.
- Avoid reading word-for-word text on presentation slides unless you are reading a quotation.
- Give background and contextual information.
- Display key terms and concepts visually.
- Describe visuals such as images, objects, infographics, diagrams, and more so that non-visual participants can understand the information being presented.
 - **Example:** "On the screen is a diagram which represents the process flow which starts with..."
- Offer outlines and other scaffolding tools: connecting your presentation information by building upon what participants may already know.
- Give attendees time to process information; pause between topics, and after you ask for questions.



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Accessible, Inclusive Self-Introductions

Participants with vision take in a lot of information about the people and the environment around them. To offer context for all participants, visual and non-visual (people with blindness or low-vision, a brief description of yourself using a few sentences. At a minimum, include the following details:

- **Name**
- **Members** (the region and who you are representing on the MAC)
- **Organization and role**

You may also include your gender identity, your pronouns, your race or ethnicity, your skin color, hair color and style, whether you have facial hair, what clothing and jewelry you are wearing, and a short description of your background.

- **Member Example:**
 - My name is ___ from ___ region and I am representing _____. I am a black woman with curly black hair and round gold glasses wearing red dress and snazzy black heels.
- **Speaker/Facilitator Example:**
 - My name is ___ with (*insert organization*) where I serve as the (*insert role*). I am a Hispanic male with wavy brown hair wearing a blue button-down shirt and khaki pants with a gold apple watch and navy-blue loafers.


If presenting virtually, you can include the background color or setting.

- **Example:**
 - My name is ___ from ___ region and I am representing _____. I am a black woman with curly black hair and round gold glasses. I'm wearing a red blouse. Behind me is a gray wall with several framed pictures, next to a bookshelf.




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AGENDA


Natalie Pennywell
Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)



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Agenda

1. Call to Order
2. Member Roll Call and Introductions
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MEMBER ROLL CALL & INTRODUCTIONS

Presenter:

Natalie Pennywell

Outreach and Community Engagement Manager
Virginia Department of Medical Assistance Services



MAC Members

- JoAnn Croghan
- Jacqi Dix
- Mark Dixon (Virtual)
- Sydnee Evans (Virtual)
- Lorri Griffin
- Chiquita Hubbard
- Sheila Johnson
- Leah Leuschner (Virtual)
- Brian Marroquin
- Bryan Roaché
- Kyung Sook Jun

Introductions

- Meeting Facilitator(s)
- Executive Leadership Team Member(s)
- MAC Support Staff
- Speakers

Welcome Remarks – DMAS Executive Leadership



Cheryl Roberts
Agency Director

Jeff Lunardi
Chief Deputy Director

Sarah Hatton
Deputy of Administration



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MEMBER ROLL CALL AND INTRODUCTIONS

Natalie Pennywell
Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)



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Introduce yourself in the chat!

- Name
- Organization
- What's one thing you've always wanted to learn, and why haven't you pursued it yet?



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MAC Member Roll Call

- JoAnn Croghan
- Jacqi Dix
- Mark Dixon (Virtual)
- Sydnee Evans (Virtual)
- Lorri Griffin
- Chiquita Hubbard
- Sheila Johnson
- Leah Leuschner (Virtual)
- Brian Marroquin
- Bryan Roaché
- Kyung Sook Jun

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Welcome New Members

- Mark Dixon (Virtual)
- Sydnee Evans (Virtual)
- Brian Marroquin
- Bryan Roaché



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Introductions

- Meeting Facilitator(s)
- Executive Leadership Team Member(s)
- MAC Support Staff
- Speakers

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MINUTES APPROVAL

Presenter:


Natalie Pennywell

Outreach and Community Engagement Manager
Virginia Department of Medical Assistance Services



MINUTES APPROVAL

Natalie Pennywell
Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)



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

November 13, 2023, Minutes

Committee Members	DMAS Staff
Present: In Person	DMAS Executive Leadership Team Members
Joann Croghan	Cheryl Roberts, Director
Jacqi Dix	Jeff Lunardi, Chief Deputy Director
Lorri Lee Griffin	Sarah Hatton, Deputy Director of Administration
Chiquita Hubbard	Adrienne Fegans, Deputy Director of Program Operations
Sheila Johnson	John Kissel, Deputy Director for Technology
Sabrina Redd	Dr. Lisa Price Stevens, Chief Medical Officer
Kyung Sook Jun	Tammy Whitlock, Deputy Director of Complex Care and Services
	Speakers/Facilitators
Present: Virtual	Ann Bevan, Director High Needs Support
Leah Leuschner	Danielle Nowell, Program Operations Manager, Cover Virginia Program, Eligibility & Enrollment
Craig Thomson	Maryssa Sadler, Maternal and Women’s Health Program Operation Analyst
	DMAS Support Team Members
Absent	Natalie Pennywell, Outreach and Community Engagement, Manager (meeting organizer and facilitator)
No Members	Dalia Tejada Halter, Outreach and Member Engagement Specialist (meeting organizer)
	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)
	Sonya Scott, ITS Operations Analyst (technology support)
	Kelly Bradshaw, Sr. Operations Analyst (technology support)
	Kristin Lough, Hearing and Legal Services Officer II (prepared minutes)
	Mary Olivia Rentner, Public Relations Coordinator (Photographer)
	Rachel Lawrence, Strategic Initiatives Specialist (Logistics)
	Sara Cariano, Director Eligibility, Policy and Outreach Division (Questions)
	Closed Caption
	HAMILTON-VA Relay Remote Conference Captions (RCC) Representative
	Jesus A Perez, Civil Rights Compliance Specialist, DMAS

Attendance					
# of Committee Members	# of ELT Members	# of Speakers	#of Support Team Members	# of General Public	Total
9	7	3	9	37	65

Welcome and Call To Order

Natalie Pennywell called to order the meeting of the Medicaid Member Advisory Committee (MAC or Committee) at 10:06 a.m. on Monday, November 13, 2023, via the WebEx online meeting platform. Ms. Pennywell introduced the DMAS Director, Cheryl Roberts.

Welcome

Welcome – Cheryl Roberts, DMAS Director

Director Roberts greeted the Committee and thanked them for their participation in the MAC meeting. Director Roberts discussed the burden of paperwork and the importance of Medicaid coverage. Jeff Lunardi welcomed the Committee and thanked them for their patience, as he was very newly hired at DMAS during the last meeting. Sarah Hatton, Deputy Director of Administration,

Member Introduction

Ms. Pennywell called roll for the members and opened it up for introductions from executive leadership team members, speakers, and key staff.

Review and Vote to Approve Minutes from Meeting on August 14, 2023

Each of the MAC members were provided a copy of the August 14, 2023, meeting draft minutes, and the draft minutes were also posted on the Committee's webpage on DMAS' website, and the Virginia Town Hall website. The Committee voted to approve the minutes with a unanimous vote.

Presentation - Navigating Services for Children & Young Adults with Special Needs

Ann Bevan – Director, High Needs Support

Ms. Bevan introduced navigating Medicaid and noted that every member receiving waiver services should have a Support Coordinator and Care Coordinator to coordinate the services the member needs. School-age members also work with the schools to coordinate care. There are several ways to search for providers with certain services, including the DMAS MES Provider Search, DBDHS Provider Search, and Virginia Navigator. The My Life My Community Provider Database is only available for DD waiver recipients. Housing assistance is available through

the DBHDS housing team, the DBHDS Community Housing Guide, Housing Choice Vouchers, and the State Rental Assistance Program.

During the 2023 General Assembly Session, certain bills were introduced to research processes and assist students with disabilities who will transition from school to the adult services system. Ms. Bevan provided additional resources, including a blog from the US Department of Education and Virginia Parent Educational Advocacy Training Center, to assist students leaving school and their families.

DMAS has pushed telehealth for members and looked at every service under the DD waiver to identify what services could be available virtually. Telehealth increases provider availability for members not geographically close to specific providers. DMAS has gotten approval from CMS to allow legally responsible individuals (LRI) to continue to be paid attendants when no other providers are available.

Questions presented by Committee Members included:

Is the LRI exception available for all waivers? Response - Yes.

The LRI has been extended until March. Does that mean the paperwork deadline has been extended until March or has the entire program been extended until March? Response - Starting March 1 there will be a new process for paperwork and hours reporting.

During COVID, one member used telehealth for speech therapy. Once the COVID flexibilities ended, our provider was no longer authorized to provide telehealth assistance because he was hospital-based. This change is not the right answer when attempting to expand access. Response - If the provider thinks the care is unacceptable through telehealth, it is their discretion not to provide it. Ms. Bevan said she would continue to research the specifics of this case.

When members do not meet certain criteria, Medicaid subcontracts out certain providers and resources. Certain types of services are hard to find at times based on how DMAS focuses its funding. An example is opioid abuse, which is popular in the news now, versus people with other addiction-based illnesses. There seems to be a donut hole of available services as a result. We have made it easier to find providers and understand their responsibilities, but it would be helpful to coordinate with Community Services Boards to coordinate this access. It would be beneficial to add more educational links as things change.

Comments from the online chat included:

Nonprofit case management is when the local CSBs are limited. Compass NoVa does some of that in addition to PRS. Some of the local CSBs have lost half of their emergency services staff walking out the door due to the working conditions and pay rates.

I understand that DMAS may not have any choice about forcing LRIs to jump through these hoops. I don't know if you were the ones who changed this policy about respite and 40 hours, but I wanted to submit that the loss of respite and limitation of hours will be devastating to many families. Respite is MORE important for LRI's who provide care 24/7, than it is for those who do have other people working as personal assistants.

Presentation - Virginia Medicaid Resource Navigation

Danielle Nowell – Program Operations Manager, Cover Virginia Program, Eligibility & Enrollment

Cover Virginia will have an Interactive Voice Response (IVR) system available with an automated assistant providing specific prompts without speaking to an agent. This includes choosing a language, access to pre-recorded messages, access to case-specific information after providing identity information, and a transfer to the queue to wait for a live worker if appropriate.

When someone chooses to apply, they will be immediately transferred to an Agent. Existing customers are provided additional options, including contact information for the local agency. Callers can press 0 at any time to get routed to an agent. If the caller selects the correct selections, they will be routed to the Enterprise Call Center that handles the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).

Questions raised by Committee Members included:

One phone menu lists several options and says “if it is an emergency, please press 6,” which is a long delay before you can identify what number to press for an emergency.

Some people who have been disenrolled or expect to be disenrolled are choosing Medicare Advantage now but will be transitioning to Medicare only next year. Many providers were in-network during the pandemic but are no longer. Will they have the option of opting into original Medicare sometime next year when they expect to get disenrolled from Medicaid? Will they be able to get into original Medicare next year? Response – if those individuals are not already enrolled in Medicare Part A, Part B, or Part C, the state has encouraged the insurers to provide late enrollment with no penalty. Still, the state has not required that enrollment period.

Those members note that the transportation benefits in Medicaid are incredibly beneficial. This will be a more significant burden on high-utilization individuals. Response – The Medicare Savings Program can assist individuals in paying their Part B premium and at times provide copay assistance.

Question about the power of attorney and Medicaid. Response – You can authorize someone to act as an authorized representative who can call and turn in paperwork on the member’s behalf. Members can also have a legal representative, such as a guardian or conservator, who should be added to the case on behalf of the member.

Presentation – New Mom Welcome Flyer

Maryssa Sadler – Maternal and Women’s Health Program Operation Analyst

Medicaid covers 38,000 births per year, with most births being in northern Virginia, tidewater, and central Virginia. DMAS is focusing on eligibility and enrollment ease, outreach to share information with members, providers and insurance plans; connections with providers, clinics, and hospitals; services and policies; and program oversight using data to improve.

Services include Medicaid for pregnant members, Family Access to Medical Insurance Services (FAMIS) Moms, and FAMIS prenatal. For pregnant individuals, full healthcare benefits are provided during the pregnancy and one year after the baby's birth. For FAMIS Moms, full healthcare benefits are provided during the pregnancy and one year after the baby's birth. The income standards are different for FAMIS Moms. Twelve-months postpartum coverage began July 1, 2022, with the goal of improving health outcomes for mother and baby after birth and to reduce maternal mortality rates. For FAMIS Prenatal, full healthcare benefits are provided during the pregnancy for those who do not meet the necessary immigration status. These mothers only receive 60 days postpartum coverage.

The New Mom letter has changed to improve readability and information available to pregnant members. For additional information, members can email babystepsva@dmass.virginia.gov.

Questions raised by Committee Members included:

This flyer has several communication options, and I would find it confusing to know who to reach out to. Members should be directed to DMAS for these issues.

Before Medicaid expansion, CSB workers would have to take pregnant women to Washington, DC, to obtain treatment. Those women could not get coverage due to Medicaid not being expanded. Some individuals have received case management assistance from nonprofits when the CSBs are unable to help those individuals. This shows how much subcontracting assists in the current consumer-directed model.

Comments from the online chats included:

Some of the nonverbal [members with Autism] in Arlington have benefitted from case management-based advocates at various nonprofits when the local CSBs are too overwhelmed with gigantic caseloads that are unmanageable for the county.

Ms. Pennywell then opened the meeting to public comment.

Public Comment

Jacqi Dix provided public comment that a server went down, according to a news article on July 10. Still, she has not received communication as to whether she has coverage or whether this issue affected her coverage needs. Response – you could call Cover Virginia to request information about the status of your renewal.

Sabrina Redd thanked the MAC for her time as a member.

Leah Leuschner thanked the MAC and presenters for their time.

Craig Thomson stated that some members will have to leave Medicare Advantage to traditional Medicaid, and will lose transportation as a result, because providers are leaving Medicaid because of the reimbursement rates. Group housing support is provided through other non-profits, which helps them gain a more independence, self-sufficiency if members are in a multigenerational housing arrangement. Some of that case management must come from the non-profits. ARC and NOVA in Fairfax are doing a seminar on Wednesday about waivers from 12:00 to 1:00.

Adjournment

Ms. Pennywell thanked the Committee for joining and thanked the members for their engagement and participation.

Ms. Pennywell thanked members for participating and adjourned the meeting at 11:52 a.m.

12-Month Continuous Children's Coverage

Presenter:

Sara Cariano

Director, Eligibility Policy and Outreach Division
Virginia Department of Medical Assistance Services






VIRGINIA MEDICAID'S 12-Month Continuous Eligibility (CE) for Children

Sara Cariano
Director, Eligibility Policy and Outreach Division
Department of Medical Assistance Services (DMAS)



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12-Month Continuous Eligibility (CE) for Children

Effective January 1, children in Medicaid and FAMIS will remain enrolled for a 12-month protected coverage period, regardless of changes in circumstance.

- Limited exceptions:
 - Turning age 19
 - Moving out of state
 - Member/representative requests termination of coverage
 - Eligibility erroneously granted due to agency error or fraud/abuse/perjury
 - Death of the enrolled child
 - Children enrolled through hospital presumptive eligibility and with a “reasonable opportunity period”

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12-Month Continuous Eligibility (CE) for Children

- Medicaid enrolled children and may not be moved to FAMIS during the CE period.
- FAMIS children may be moved to Medicaid coverage if they qualify, but they cannot be disenrolled during the CE period.
- Obtaining other health coverage, such as an employer plan, is not an exception to the CE requirement for FAMIS children.
 - Could result in the loss of FAMIS coverage at renewal.

Important Reminders!

- Annual renewals are still required.
 - Children can be moved into a different coverage category or have their coverage ended at renewal.
 - Children who remain eligible are given a new 12-month continuous coverage period.
 - Remember to open all letters from Medicaid and respond to requests for additional information!
- Continue to report changes within 10 days.
 - Changes may impact the eligibility of adults in the household.
 - Up-to-date information makes the renewal process simpler and easier.
 - Reporting changes to your address and contact information are important so you continue to receive all state communications about your coverage.

Benefits of Continuous Eligibility

- Continuity of care and uninterrupted access to the essential health coverage.
- Improved ability to provide and track preventive services.
- Less turnover or “churn” in eligibility means reduced administrative burden and cost for providers, local departments of social services, and DMAS.
- Prevents increases in health care costs that can occur when children cycle back onto coverage after a gap and have untreated health conditions.

Questions?

Sara Cariano, EPO Division Director, DMAS

CoverVirginia@dmas.virginia.gov



Learn more at [Cover Virginia!](#)



Role of Local Department of Social Services

Presenter:

Melissa Terrell

Medical Assistance Program Consultant, Sr.
Virginia Department of Social Services




CardinalCare
 Virginia's Medicaid Program

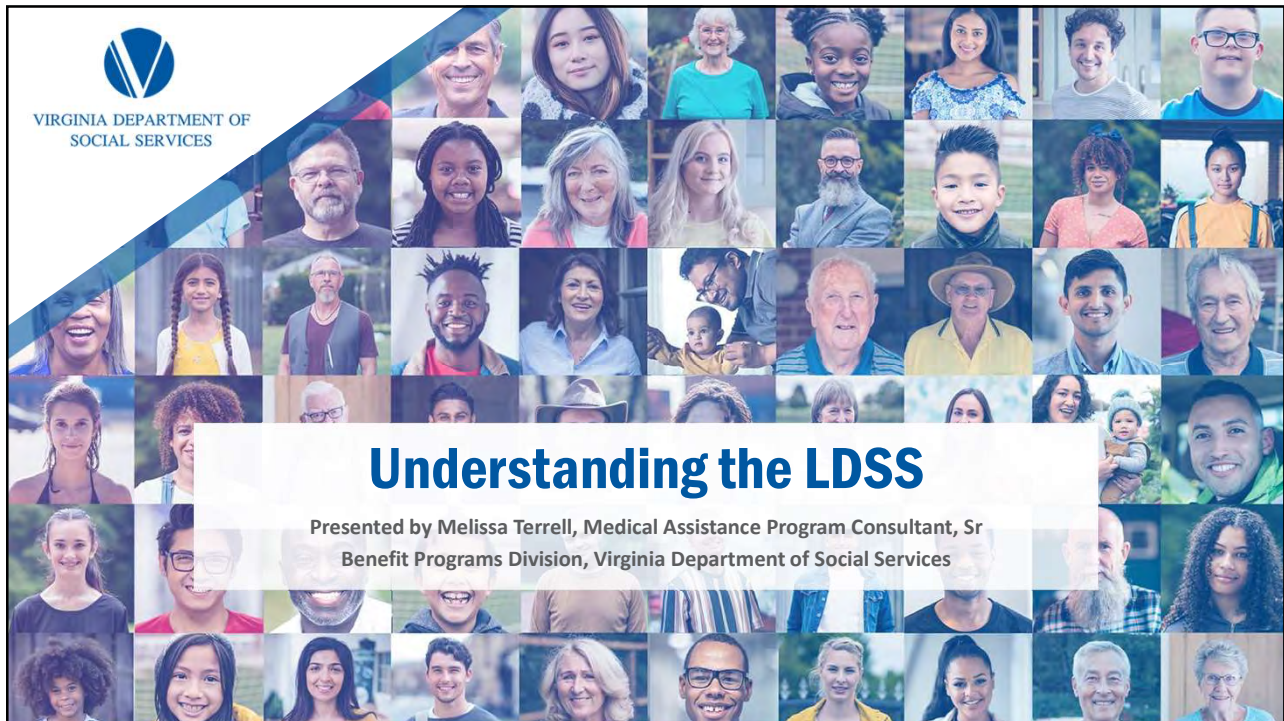
ROLE OF LOCAL DEPARTMENT OF SOCIAL SERVICES


Melissa Terrell
 Medical Assistance Program Consultant, Sr
 Virginia Department of Social Services



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 VIRGINIA DEPARTMENT OF
 SOCIAL SERVICES

Understanding the LDSS

Presented by Melissa Terrell, Medical Assistance Program Consultant, Sr
 Benefit Programs Division, Virginia Department of Social Services

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Medical Assistance Structure in Virginia

The **Virginia Social Services System (VDSS)** is the largest part of the Virginia Social Services System (VSSS), which is a partnership of three key organizations responsible for the administration, supervision and delivery of social services in Virginia:

- LDSS (Local Department of Social Services), which represents the 120 local departments of Social Services
- VaCAP (Virginia Community Action Partnership), an association of community action programs across the state
- VDSS (Virginia Department of Social Services)



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LDSS (Local Department of Social Services)



- Virginia has a state-supervised and locally-administered social services system
- There are 120 local departments of social services in Virginia with 5 regions of the state
- Local departments are tasked with delivering the majority of the state's social services programs
- The state-supervised, locally-administered nature of Virginia's system means that the vast majority of contact with individuals and families through social services programs occurs through these 120 local departments, including foster care and adoption

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Virginia Department of Social Services is online at <https://www.dss.virginia.gov>

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Virginia Department of Social Services is online at <https://www.dss.virginia.gov>

Find Your Local Department

Many questions or issues can only be resolved through your local department of social services agency. To find your local department of social services, please either use the search bar below or you may filter by region using the map or buttons.

Search for your Local DSS Department by Name, Address or Locality

OFFICE NAME	AGENCY ADDRESS	PHONE NUMBER	FAX NUMBER	DIRECTOR
Accomack Department of Social Services	22554 Center Parkway, Accomack Office Park, P. O. Box 210, Accomack, VA 23001	(757) 787-1536	(757) 787-9303	Vicki Weakley
Albemarle County Department of Social Services	1600 Fifth St., Suite A, Charlottesville, VA 22902	(434) 972-4011	(434) 972-4080	Mary Stebbins
Alexandria Department of Community and Human Services	4850 Mark Center Dr., Alexandria, VA 22311	(703) 746-6700	(703) 746-5974	Lesa Gilbert
Allegheny-Covington Department of Social Services	110 Rosebale Ave., Suite B, Covington, VA 24434	(540) 444-7100	(540) 965-1772 (FAX) EW	Tammy Wilson
Amelia Department of Social Services	15260 Durst Street Suite 201, P.O. Box 136, Amelia, VA 23002	(804) 561-2681	(804) 561-6040	Taylor Harvie

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LDSS (Local Department of Social Services)

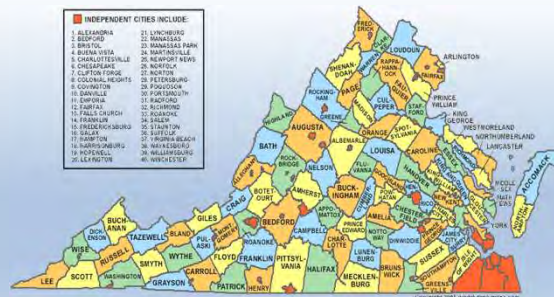
Medicaid and FAMIS-specific roles of the LDSS

- Determination of initial and continuing eligibility (redetermination) for Medicaid & FAMIS and enrollment of eligible persons
- Case maintenance for Medicaid & FAMIS members
- Referral of individuals with inappropriate coverage or payments to DMAS Recipient Audit Unit (RAU)
- Referral of certain individuals to the State Health Benefit Exchange



Member Support

- **Apply Online at:**
<https://www.commonhelp.virginia.gov/>
- Call Cover Virginia at **1-855-242-8282** to apply on the phone **Monday-Friday 8:00 AM-7:00 PM** and **Saturday 9:00 AM-12:00 PM**
- **Applications are also available Online at** <http://www.dss.virginia.gov/benefit/medicaidassistance/forms.cgi>
- Applications can be mailed/faxed/ or dropped off to the local department of social services (LDSS). You can also request a paper Medicaid application be mailed to you.
- Applications may also be filed by calling the Virginia Department of Social Services Enterprise Call Center at **1-855-635-4370**.
- **You can find the address and phone number of the local DSS at:**
<http://www.dss.virginia.gov/localagency/>.
- You do not need to visit the **DSS** office to file an application.



Member Support

Many questions or issues can only be resolved through your local department of social services agency.
<https://www.dss.virginia.gov/localagency/index.cgi>

Ask VDSS Public Portal

[Home](#) · [Customer Self-Service \(powerappsportals.us\)](#)

General Information:

- ❑ VDSS Main Agency - (804) 726-7000
- ❑ General information and concerns - citizen.services@dss.virginia.gov
- ❑ LDSS Telephone Numbers - Benefits & Services - https://www.dss.virginia.gov/geninfo/vdss_contacts.cgi

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VDSS Contact Information

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Melissa Terrell

Medical Assistance Consultant, Sr.
 Benefit Programs Division, VDSS
m.terrell@dss.virginia.gov



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ARTS 1115 Waiver Renewal

Presenters:

Ashley Harrell

Senior Program Advisor



Virginia Department of Medical Assistance Services

Brian Campbell

Senior Advisor, Complex Care

Virginia Department of Medical Assistance Services



ARTS 1115 WAIVER RENEWAL


Ashley Harrell
Senior Program Advisor
Virginia Department of Medical Assistant Services

Brian Campbell
Senior Advisor, Complex Care
Virginia Department of Medical Assistant Services




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VIRGINIA BUILDING AND TRANSFORMING COVERAGE, SERVICES, AND SUPPORTS FOR A HEALTHIER VIRGINIA

1115 Demonstration Waiver Renewal Application:
Addiction and Recovery Treatment Services (ARTS)
and Former Foster Care Youth (FFCY)



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Current 1115 Demonstration Expires 12/31/2024

With this renewal application, Virginia seeks to extend the SUD and Former Foster Care Youth (FFCY) components the Commonwealth's current 1115 demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program. Specifically, this demonstration extension, Virginia's demonstration "Building and Transforming Coverage, Services, and Supports for a Healthier Virginia" will:

1. Continue to provide essential SUD services to all Medicaid enrollees through the ARTS benefit;
2. Maintain authority for coverage of FFCY who aged out of foster care in another state and turned 18 prior to January 1, 2023;
3. Sunset the High Needs Supports components of the demonstration as this has not been funded through Virginia General Assembly.



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Renewing Virginia's 1115 Demonstration Waiver

Building and Transforming Coverage, Services, and Supports for a Healthier Virginia (Number: 11-W-00297/3)

Virginia seeks to extend the Substance Use Disorder (SUD), Former Foster Care Youth (FFCY) and High Needs Supports (HNS) components the Commonwealth's current 1115 demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program.



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Former Foster Care Youth (FFCY)

- Youth who age out of foster care services are at a higher risk for a number of negative outcomes, including homelessness, incarceration, and substance abuse
- This expenditure authority allows individuals who turn 18 while in foster care in any state to continue receiving Medicaid coverage up to age 26
 - Goal: increase and strengthen overall coverage and improve health outcomes
- DMAS, state and local Departments of Social Services (DSS), and Managed Care Organizations (MCOs) coordinate efforts to effectively transition these members to adulthood
 - FFCY members can select and change their MCO at any time
 - Contract and reporting requirements for MCOs & DMAS oversight
 - DMAS External Quality Review: Beginning in 2021, annual Child Welfare Focus Study includes analysis of health care utilization of FFCY member population

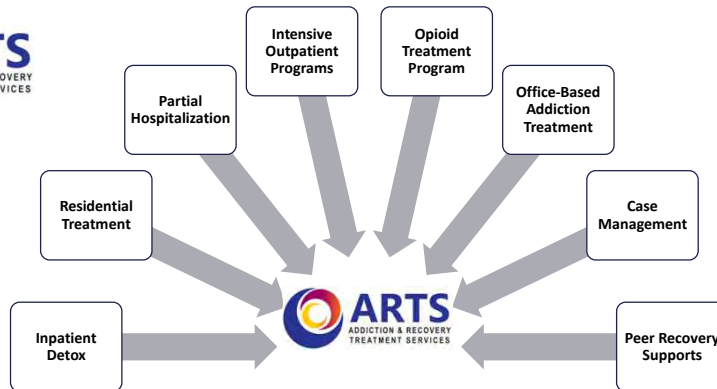
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High Needs Supports (HNS)

- The High Needs Supports (HNS) program would provide critical housing and employment support services to the Commonwealth's high need Medicaid members who are enrolled in the managed care delivery system.
- **Please note: This program requires General Assembly authority in order to implement and continue development of the benefit.**
- This program will be sunset and removed from the 1115 demonstration waiver.

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Virginia Medicaid SUD Benefit: Addiction & Recovery Treatment Services (ARTS)



Goal is to ensure that members are matched to the right level of care to meet their evolving needs as they enter and progress through treatment.

ARTS offers a fully integrated physical and behavioral health continuum of care.



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Addiction and Recovery Treatment Services

- Due to the federal 1115 program requirements ARTS was built based on the American Society for Addiction Medicine (ASAM) continuum of care
 - ASAM is a model of comprehensive addictions treatment services
- This expenditure authority allows individuals who are aged 21 or older to receive high intensity treatment in behavioral health facility settings including psych hospitals and residential treatment centers.
- This facet of the program is essential to managing hospital discharges effectively for individuals who demonstrate a higher level of support need after a crisis or overdose event.



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Trends in Use of ARTS Services

Number of members using ARTS services, SFY 2020 and 2021

	Number of members using services		
	SFY 2020	SFY 2021	Percent change
Used any ARTS service	43,389	53,614	23.6%
Type of service			
ASAM 1	35,709	43,299	21.3%
OBAT/OTP	13,317	15,976	20.0%
Care Coordination ¹	9,457	11,943	26.3%
ASAM 2	4,611	5,301	15.0%
ASAM 3	4,260	4,891	14.8%
ASAM 4	71	144	102.8%
Pharmacotherapy	27,050	32,724	21.0%
Case management	3,726	4,136	11.0%
Peer recovery support services	1,119	1,471	31.5%

Number of members using ARTS services, by diagnosis, SFY 2021

	Members with any use of ARTS services ¹	Percent of members using ARTS services
All members	53,614	3.0%
Any SUD diagnosis	50,426	43.3%
Any OUD diagnosis	33,305	69.4%
No OUD diagnosis		
Had AUD diagnosis	11,922	27.1%
Had cannabis diagnosis	5,938	16.5%
Had stimulant diagnosis	9,341	34.3%
Had any other SUD diagnosis	4,670	17.9%



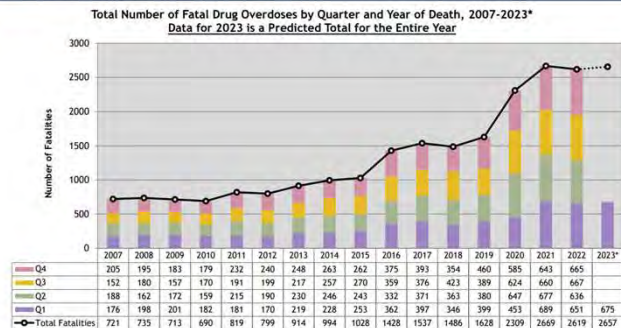
Virginia's Fatal Drug Overdose Report

- Fatal drug-related overdoses increased substantially between late 2019 and 2022, peaking at around 108,000 deaths nationally and about 2,600 in Virginia.
- This represents a 51% increase nationally and 64% increase in Virginia, between December 201 and December 2021.

[Forensic Epidemiology - Medical Examiner \(virginia.gov\)](https://www.virginia.gov/forensic/epidemiology/)

ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. Fatal overdoses, all substance, decreased by 1.9% in 2022 when compared to 2021.



VDH: Fatal Drug Overdose Report
Quarter 1 2023



Right Help. Right Now.

An aligned approach to BH that provides access to timely, effective, and community-based care to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

<p>1: We must strive to ensure same-day care for individuals experiencing behavioral health crises</p>	<p>2: We must relieve the law enforcement communities' burden while providing care and reduce the criminalization of behavioral health</p>	<p>3: We must develop more capacity throughout the system, going beyond hospitals, especially to enhance community-based services</p>	<p>4: We must provide targeted support for substance use disorder (SUD) and efforts to prevent overdose</p>	<p>5: We must make the behavioral health workforce a priority, particularly in underserved communities</p>	<p>6: We must identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps</p>
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Source: VA HHR

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Prevalence of SUD – Identifying more members in need

The **supply of treatment providers, the prevalence of members receiving SUD treatment, and the rate of treatment for diagnosed SUD increased dramatically after implementation of the ARTS benefit and has continued through Medicaid expansion and the COVID-19 pandemic.**

In addition, ARTS is administered through the Medicaid Managed Care Organizations (MCOs) to fully integrate physical and behavioral health continuum of care for members.

Medicaid Members where SUD was identified - 2016

48,341

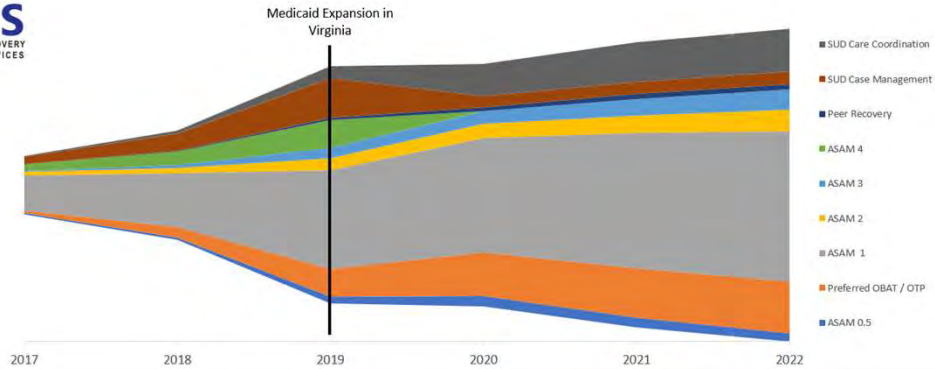
Medicaid Members where SUD was identified - 2023

267,528

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Treatment Rates Increased Substantially with ARTS



Treatment rates increasing substantially since ARTS implemented, specifically for members with OUD - as of July 2021, more than 69 percent of members with OUD have received treatment, 26 percent more than members with any SUD diagnosis.



Medicaid's Role in Supporting Recovery

Over the past 6 years, Virginia has dramatically changed who Medicaid covers and the services it provides.

2017: New Substance Use Disorder (SUD) Treatment Services Added - ARTS

- In 2017, Virginia Medicaid expanded access to a continuum of SUD treatment services – April 2017.
 - State plan option services cover the full continuum of community-based care and inpatient withdrawal management.
 - Virginia was approved the 1115 Demonstration Waiver to use federal Medicaid dollars to reimburse for coverage of stays in an [Institution of Mental Disease](#)®
- "...institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases..."*

*Virginia's 1115 Demonstration expires 12/31/2024

2019: More People Covered – Medicaid Expansion

- In 2019 Virginia expanded its Medicaid program.
- As of September 1, 2023– **Over 87,036** expansion enrolled members received an ARTS service
- Now, most individuals who have lower incomes can qualify for free health coverage through Medicaid.
- Many individuals involved in the carceral system now have access to health insurance that was not available prior to Expansion.

2021: New Behavioral Health Services Added – Project BRAVO

- Services for Youth Ages 11-18 (SUD and MH)**
 - Multi-systemic Therapy (MST)
 - Functional Family Therapy (FFS)
- Services for Youth and Adults**
 - Mental Health PHP
 - Mental Health IOP
 - Mobile Crisis Response (SUD and MH)
 - Community Stabilization (SUD and MH)
 - 23-Hour Crisis Stabilization (SUD and MH)
 - Residential Crisis Stabilization Unit (SUD and MH)
- Services for Adults**
 - Assertive Community Treatment (ACT) (SUD and MH)



Discussion



The ARTS team appreciates feedback from all stakeholders, including the Medicaid Member Advisory Committee. Some questions to consider are in the next few slides.



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What action items should DMAS and other state agencies consider to:

- support former foster care youth?
- address the overdose crisis?



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What do you see as the greatest challenge to addressing care issues for:

- ➔ Former foster care youth?
- ➔ For members with substance use disorders?





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Stay Connected to the ARTS

The new edition of the [American Society of Addiction Medicine's Criteria](#) has been released, and the ARTS team is looking at incorporating changes to the Criteria in ARTS policies and procedures.

Please email the SUD inbox (SUD@dmas.virginia.gov) if you have thoughts or ideas about things the team should be considering as we are preparing to make these changes.



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Questions?

THANK YOU 😊



Ashley Harrell, LCSW
SUD@dmas.virginia.gov
804-972-5406



Notes



Cardinal Care Resources and Transportation Process Review

Presenter:

Adrienne Tyler Fegans

Deputy of Programs and Operations

Virginia Department of Medical Assistance Services






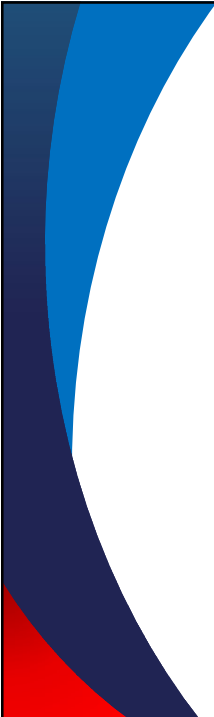
Cardinal Care Resources and Transportation Process Review

Adrienne Tyler Fegans
Deputy of Programs and Operations
Virginia Department of Medical Assistance Services




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Cardinal Care Logo and Tag Line Review



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Option 1

Cardinal Care



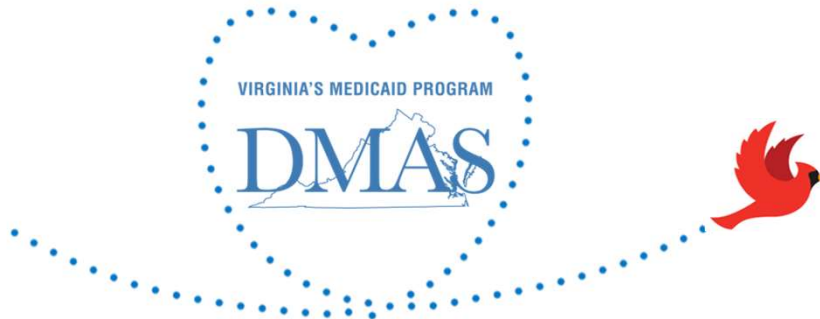
Your Care, Your Choice

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Option 2

Cardinal Care Managed Care



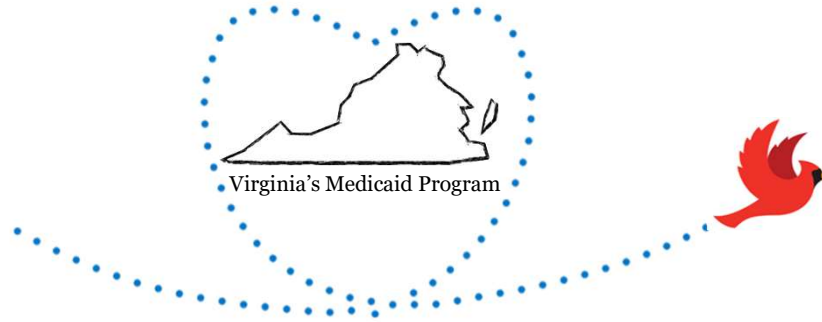
Your Care, Your Choice

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Option 3

Cardinal Care

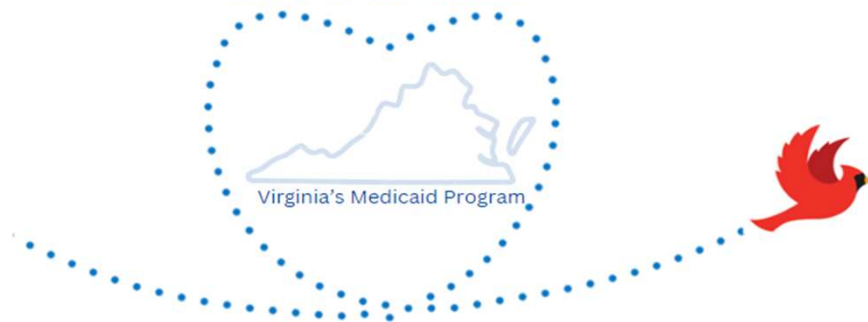


Your Care, Your Choice



Option 4

CARDINAL CARE




YOUR CARE, YOUR CHOICE



Option 5

CARDINAL CARE



Virginia's Medicaid Program

YOUR CARE, YOUR CHOICE



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Option 6

CARDINAL CARE



Virginia's Medicaid Program

YOUR CARE, YOUR CHOICE



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Option 7

Cardinal Care



Your Care, Your Choice

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Option 8

Cardinal Care Managed Care



Your Care, Your Choice

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Opportunity to Serve: Non-Emergency Medical Transportation (NEMT) Research Advisory Group (AG)



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Non-Emergency Medical Transportation (NEMT) Research Advisory Group (AG)

- National partner looking for beneficiaries to join an advisory group for an NIH-funded research effort that aims to understand and improve the design and implementation of NEMT.
- The project is looking at:
 - elements of NEMT design that may cause racial disparities or other inequities
 - to learn about what is working and what isn't to support improving NEMT across the U.S.
- Timeline: 4-year project
- NEMT research advisory group (AG) will meet virtually twice per year
 - One meeting in the spring (April/May) and one in the fall (October/November)
- Medicaid beneficiaries will make up at least 50% of the AG
- AG members only need to listen, learn, and offer feedback when presented with clear information.
 - Plus, if the Medicaid members had experience with NEMT (but not required).
- Project team will compensate AG members for their time and promises to use their time as efficiently and effectively as possible.
- If you interested in serving, send your name and interest to the mac@dmas.virginia.gov by [end of daytomorrow, April 9th](#)

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PUBLIC COMMENT



PUBLIC COMMENT



- Public comment period is 15 minutes.
- Those wishing to make a public comment must join via the WebEx link or in-person.
- Send a message to one of the hosts or place your full name and location in the comments to be recognized during this time.
- Each speaker will be granted only two (2) minutes to speak.

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Notes

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MAC AGENCY SUPPORT



MAC Agency Support

Name, Position, MAC Role

- Norman Gaines, AV Specialist, Technology Support
- Sarah Hatton, Deputy of Administration and Coverage, Ex-Officio Member; Co-Facilitator
- Kristin Lough, Hearing Officer, Minutes
- Natalie Pennywell, Outreach & Community Engagement Manager, Facilitator; Steering Committee
- Jesus Perez, Civil Rights Compliance Specialist, Closed Captioning
- Mary Olivia Rentner, Public Relations Coordinator, Photographer
- Cheryl Roberts, Agency Director, Co-Facilitator
- Sonya Scott, ITS Operations Analyst, Technology Support
- Dorothy Swann, Outreach and Member Engagement Specialist, Steering Committee Member
- Dalia Tejada Halter, Outreach and Member Engagement Specialist, Steering Committee Member

DMAS Support Staff

<u>Name</u>	<u>Position</u>	<u>MAC Role</u>
Sarah Hatton	Deputy of Administration and Coverage	Ex-Officio Member; Co-Facilitator
Kristin Lough	Hearing Officer	Minutes
Natalie Pennywell	Outreach & Community Engagement Manager	Facilitator; Steering Committee
Jesus Perez	Civil Rights Compliance Specialist	Closed Captioning
Mary Olivia Rentner	Public Relations Coordinator	Photographer
Cheryl Roberts	Agency Director	Co-Facilitator
Sonya Scott/Kelly Bradshaw	ITS Operations Analyst/Senior Operations Analyst	Technology Support
Dorothy Swann	Outreach and Member Engagement Specialist	Steering Committee Member
Dalia Tejada Halter	Outreach and Member Engagement Specialist	Steering Committee Member



Closing Remarks



Sarah Hatton
Deputy of Administration
and Coverage



2024 MEETING DATES



2024 Meeting Dates

- April 08, 2024
- June 10, 2024
- August 12, 2024
- October 21, 2024

2024 Meeting Location

- 600 E. Broad Street, Richmond, VA 23219
- In-Person w/ Virtual Option
 - Virtual information can be found on [Virginia Regulatory Town Hall](#)

2024 Meeting Time

- 10:00 AM - 12:30 PM

2024 Virginia Medicaid MAC Meetings

Dates

- ~~April 08, 2024~~
- June 10, 2024
- August 12, 2024
- October 14, 2024

General MAC Meeting:

- 10:00 AM – 12:30 PM

Location:

- 600 E Broad Street,
Richmond, VA 23219
- In-Person w/ Virtual Option
 - Virtual information can be found on [Virginia Regulatory Town Hall](#)



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Thank you! Do not hesitate to **Contact Us!**

Medicaid Member Advisory Committee (MAC)

Department of Medical Assistance Services (DMAS)

Commonwealth of Virginia

600 East Broad Street, Richmond, VA 23219

Email: mac@dmas.virginia.gov

Website: <https://www.dmas.virginia.gov/for-members/member-advisory-committee/>

Cover Virginia: <https://coverva.dmas.virginia.gov/>

Cover Virginia Email: covervirginia@dmas.virginia.gov



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ADJOURNMENT

Presenter:

Natalie Pennywell

Outreach and Community Engagement Manager
Virginia Department of Medical Assistance Services

Adjournment



- Don't forget to tell a friend about Virginia Medicaid MAC.
- Encourage a member to apply to be a MAC member.
- Do something outside and get an extra dose of Vitamin D and fresh air this week!

See you on June 10, 2024!



NOTES



About Virginia's Medicaid Member Advisory Committee

Virginia is one of only two states to create a Medicaid Member Advisory Committee made up exclusively of members and their authorized representatives. Launched in April 2019, the group meets quarterly to provide the Medicaid Director with valuable feedback and recommendations on the agency's programs, policies, services and communications.

The committee members represent all regions of the state and a cross-section of Medicaid programs. Through their participation, they are helping to make Medicaid more accessible and effective in serving our larger membership.

