

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@dmas.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.