

FINAL MINUTES
Wednesday June 10, 2020
10:00 AM
VIRTUAL MEETING VIA GOOGLE MEET

Present: Dr, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq, Greg Peters.

Absent: Alexis Y Edwards, Patricia T Cook MD

DMAS Staff Present:

Davis Creef, Office of the Attorney General

Karen Kimsey, Director

Ellen Montz, Chief Deputy

Ivory Banks, Chief of Staff

Tammy Whitlock, Deputy Director of Complex Care

Chethan Bachireddy, Chief Medical Officer

Chris Gordon, CFO

Rachel Pryor, Deputy Director of Administration

Adrienne Fegans

Christina Nuckols, Office of Chief of Staff

Rebecca Dooley, Office of Chief of Staff

Corey Pleasants

Thomas Gates

Valerie Harrison

Sarah Samick

Fred McGregory

Beth Alexander

Jessica Anecchini

Kristin Dahlstrand, Office of Communication, Legislation & Administration

Nancy Malczewski, Public Information Officer

Craig Markva, Division Director, Office of Communication, Legislation & Administration

Brooke Barlow, Board Liaison

1. Call to Order

Moved by Karen Kimsey to Call to Order at 10:01 AM. This meeting was held via Google Meet due to the COVID-19 State of Emergency issued by Governor Ralph Northam.

2. Approval of Minutes

2.A Approval of Minutes from December 10, 2109 Meeting.

2.A Moved by Kannan Srinivasan; seconded by Michael E Cook Esq. to approve. Motion : 8 - 0

Voting For: Greg Peters, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq.

Voting Against: None

3. Special Recognition / Tribute for Dr. Karen Rheuban 3.A Special Recognition / Tribute to Dr. Karen Rheuban.

Karen Kimsey recognized Dr. Karen Rheuban for her years of service to the BMAS Board and presented her with an award, which was mailed to her prior to our meeting.

4. Election of Officers

4.A Election of Officers

Michael Cook was nominated by Kannan Srinivasan for the Board Chair, the motion was seconded by Maureen Hollowell.

Voting For: Greg Peters, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq.

Voting Against: None

Kannan Srinivasan was nominated by Peter Kongstvedt for the Board Co-Chair, the motion was seconded by Michael Cook.

Voting For: Greg Peters, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq.

Voting Against: None

Brooke Barlow was nominated by Kannan Srinivasan for Board Secretary the motion was seconded by Peter Kongstvedt.

Voting For: Greg Peters, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq.

Voting Against: None

5. Director's Report

5.A Director's Report

1. How we transitioned to teleworking

- a) The agency Executive Leadership Team (ELT) began a coordinated planning effort for remote work the week of March 9th. Additionally, the existing agency teleworking policies were reviewed and updated to provide the necessary flexibilities to accommodate the situation at hand, and a comprehensive list of equipment and system access needs was documented for every full-time and part-time employee to ensure that all staff had what they needed to maintain levels of productivity.
- b) Virginia Medicaid staff transitioned to remote work on March 18th and established an alternate (COOP) location within Richmond City's health department to ensure continuity of operations on the few tasks that cannot be completed remotely (in particular, managing incoming/outgoing mail).

2. How we are supporting our teams

- a) DMAS began offering additional flexibilities for those taking care of children and families- including flexible work hours.
- b) We implemented a variety of initiatives to help foster connecting among our now physically distanced staff.

- a) The Chief of Staff's Office started the first DMAS Virtual Community Blog. They sent out a survey to the staff to solicit ideas about what employees would like to see and contribute on the blog. The blog is designed to allow staff to share tips and tricks to get through staying at home. The blog has four main categories: 1) Work from Home, 2) Stay Well, 3) Create Joy, and finally, 4) Stay Connected.
- b) Mindful Moments- Every Monday and Wednesday, DMAS staff have the opportunity to call in for a short virtual meditation followed by a brief discussion, led by our partners at Performance Management Group (PMG). Staff use that time to catch up, talk about what they've been up to, share challenges, and overall, uplift each other.
- c) Virtual yoga- Earlier this year, we began offering yoga onsite, free of cost, to our employees once a week. This initiative came out of a staff wellness survey conducted to determine what wellness activities our staff is craving. The classes were very successful, so we decided to bring a virtual version while teleworking.
- c) Supervisor and Manager Training
- d) Staff Morale
 - a) Living Our Values Awards- Every year at our Spring Agency-Wide Meeting, we present the Living Our Values Awards— awards to employees who represent our five values: Service, Collaboration, Trust, Adaptability and Problem Solving. Staff nominated each other for these awards, and we presented each award to approximately 5-10 individuals.
 - b) Division Director Shoutouts- During the month of May, each division director gave a shoutout to their team on the blog— calling out specific accomplishments. This blog page has the highest views. It was also a wonderful way for the agency to learn about what's going on in other divisions.
- e) Daily staff communications and weekly Director's Updates- The Chief of Staff sends daily emails to the staff that include a wide variety of updates, from Human Resources information to information about how we will transition back to the building. I also send a weekly update to the staff every Friday which include a video update and staff morale boosts. The daily communications have been an essential tool in developing "One Voice" for the agency.

3. How we will transition back to the building

- a) DMAS is proactively developing a plan for transitioning back to the office when it is safe for staff to do so. This transition plan has been titled, Operation Homecoming and is being developed using information from state and federal recommendations and key private sector expertise.
- b) DMAS leadership has begun to engage our staff to hear any concerns, perspectives, and ideas they wish to share for navigating our transition back into the primary office location. We distributed a survey to gauge staff's feelings and gather feedback.
 - a) A few survey highlights:
 - Over 83% of those who took the survey believe their recommendations and concerns will be considered in decision-making.
 - The overwhelming majority of people reported their primary concern is contracting the virus (~83%) and concern that others may not abide by safety standards (~80%)
 - Approximately 1 in 3 people who responded to the survey said they are extremely worried about returning to the office. Another 30 percent acknowledge they are "very worried"
 - The majority of respondents said you are feeling more positively about teleworking and would consider increasing your telework in the future if available
 - b) Leadership hosted two internal listening sessions to provide staff with an opportunity to speak directly with agency leadership and have their questions and concerns addressed.

- c) The transition back into our primary office building will be a phased in approach aimed at ensuring that our staff are transitioned safely and in accordance with the Governor's guidelines regarding proper distancing and the use of the PPE.
 - d) Our return to the building will align with the Governor's Phase 3 of relaxing public health restrictions in Richmond.
 - e) We are working closely with our building management company to ensure that additional health and safety measures are implemented prior to staff returning to the building.
- Our mission at DMAS has always been to improve the health and well-being of Virginians through access to high-quality health care coverage.
 - We offer lifesaving coverage to one in six Virginians, including more than 420,000 newly eligible adults who gained access to care under Medicaid Expansion.
 - With devastating health and economic impacts, the COVID-19 pandemic presents a multifaceted challenge to the Commonwealth, and one that the Virginia Medicaid agency is uniquely positioned to address.
 - In the early days of the health emergency, Medicaid, acted swiftly to develop and implement policies that strengthened access to care.
 - The agency has also responded to increased enrollment needs as tens of thousands of Virginians who have lost their jobs and health insurance seek coverage through our programs.
 - Over the last three months specifically, Virginia Medicaid has implemented a variety of initiatives to ensure our members, providers, and the Commonwealth at large is covered.

We've Got Our Members Covered:

Virginia Medicaid has responded to COVID-19 with a comprehensive set of policies that make it easier for eligible individuals to apply for coverage so they can receive prompt access to medical care, and we initiated enrollment protections so that our members do not need to worry about losing coverage during the health emergency.

Access to Coverage

- Because of new rules expanding eligibility, more than 400,000 Virginians have high-quality, no-cost health coverage during the COVID-19 health emergency.
- Tens of thousands of newly eligible adults have coverage for COVID-19 testing and treatment as well as treatment for chronic conditions that can exacerbate the effects of the virus, including diabetes, cancer, chronic obstructive pulmonary disorder, high blood pressure and asthma.

Access to Health Care

- No Medicaid members will lose coverage during the health emergency.
- Co-payments are suspended for all Medicaid and FAMIS covered services.
- COVID-19 testing and treatment is fully covered by Medicaid.
- No pre-approvals are needed and existing approvals are automatically extended for many critical medical services.
- A 90-day supply and early refills are available for many routine prescriptions.
- Telehealth is covered and encouraged as an option to ensure access to health care.

Health Equity and High Risk Populations

- Over our 50-year history, Virginia Medicaid has proudly served as an agent for health equity, providing coverage and access to quality care for populations who have historically faced barriers when seeking health care.
- In addition to our response to the COVID-19 health emergency, this year, we are pursuing improvements in health equity through innovations in maternal and infant health, and behavioral health.. Medicaid covers nearly 40% of births in the Commonwealth.
- Medicaid provides a critical safety net for older adults, including 60% of all nursing facility residents in the Commonwealth, as well as individuals who receive supports in their homes.
- Medicaid is the main payer for services to individuals with complex medical and behavioral health needs, including those working to recover from addiction. In fact, Virginians with a substance use disorder are more likely to receive treatment through Medicaid than any other insurer.

We've got our health care providers covered:

Medicaid providers are a critical part of our state's health care safety net for children and families, low-income older adults, and individuals with disabilities. A strong network of providers is essential to ensuring access to care for our Medicaid members. We are working closely with our providers to respond to their needs during this evolving health emergency.

Provider retainer payments and rate increases

- Virginia is offering retainer payments for adult day health centers and providers that offer day services, including group day, community engagement, and community coaching for providers that are closed or unable to offer their usual level of services due to COVID-19
- Virginia has also increased nursing facility reimbursement rates to support these providers as they work to protect residents who are at a high risk of serious illness from the novel coronavirus.
- Medicaid continues to work closely with providers and their networks to identify unique needs and costs related to infections control and loss in revenue

New staffing flexibilities

- Emergency rules give home and community-based providers greater ability to sustain staffing capacity by giving them more flexibility with training, oversight and other requirements.
- Spouses, parents of minor children, and legal guardians of a member can now (?) provide and receive reimbursement for personal care services.

We've got the Commonwealth covered:

- **Like many states, Virginia is facing a sudden, unprecedented budget impact due to COVID-19.**
- DMAS is working closely with the Centers for Medicare and Medicaid Services to secure increased federal funding through emergency waivers and other opportunities to support our providers and reduce strain on the state budget.
- Virginia is committed to ensuring that these federal provider funds are used to prepare for, prevent the spread of, and respond to COVID-19 in communities that are most at risk for the spread of infection.

Looking Ahead:

- In the coming months we will also work to develop targeted communications to highlight the value our Medicaid program has across many program areas.
- One of our first efforts will be to restructure the website, as it is generally the first pathway for individuals to access information about our program.
 - The global design will serve to demonstrate Medicaid value while also enabling user-friendly access to important information.
- We will also be developing value measures and communicating these to key stakeholders.
 - These communications will highlight our valuable accomplishments through Medicaid as well as to highlight future goals we are working to accomplish on behalf of the Commonwealth.
- <https://www.youtube.com/watch?v=PpVING1wWwc&t=6s>

6. Budget Update

6.A Budget Update

Chris Gordon, CFO, provided an update on the Medicaid Enterprise System (MES) Timeline. The agency has paused work with our vendor that was working on the OPSS module. All remaining 10 modules have a contingency with the vendor, however, EPS, EDWS, and PBMS are live and modifications will be made to address the re-baselined timeline for implementation. . Provider Appeals is on a separate path and is due for implementation in September 2020. Some components of the CRMS module will be able to go live on 7/1, however, discussions are ongoing.

Pursuant to the pause in working with our OPSS contractor, DMAS pivoted to extend the agency's contract with Conduent that provides support for our existing MMIS system as follows:

- 1) Keeping Conduent MMIS functioning, Conduent will submit detailed pricing on March 9, 2020.
- 2) Conduent provided redlines to SOW by mid-March
- 3) Contract to be negotiated between both parties
- 4) Submit contract to CMS by April 15, 2020
- 5) CMS approved contract extension on June 1, 2020

Medicaid Expansion Expenditures and Enrollment

DMAS expects to end the year with approximately \$81 million in Base Medicaid funds, and nearly \$35 million in Medicaid Expansion funds remaining. This is primarily attributed to current-year pharmaceutical rebates in both Base Medicaid (\$156M total funds more than expected) and MedEX (\$55M total funds more than expected). In addition, decreased utilization in the fee-for-service population (e.g., dental claims, day support DD waivers claims have dropped precipitously) due to the pandemic lowered expenditures.

DMAS received 6.2% increase in federal match effective January 1, 2020. As a condition of receiving these funds, the agency must retain Medicaid members that would otherwise roll off. This is called 'maintenance of effort'. The increased federal match rate reduced state general fund expenditures by \$318 million for the first six months of calendar year 2020. These funds were unallotted from DMAS' appropriation, and will revert to the central state accounts at fiscal year-end.

DMAS will issue a new preliminary Forecast on October 15, and the final Official Forecast on November 1.

DMAS Administrative Expenditures – FY20

DMAS expects to end FY20 with approximately \$223,000 general fund in our admin accounts. This is net of the general fund pledge to the Department of Planning and Budget of \$3.5 million. This general fund pledge reflects actions the agency took pursuant to the April 1 memo from Chief of Staff Clark Mercer directing agencies to implement a hiring freeze for all classified, wage, and contractor staff, eliminate discretionary spending, and pause new contractual initiatives.

Currently, the maximum employment level is 535, and will drop to 530 in the new fiscal year due to the loss of the five Compass positions.

Rate Development for FY21

DMAS successfully developed capitation rates for FY21 in both the Medallion and CCC-plus contracts. These new rates will go into effect on July 1, 2020.

Provider Health Information Breach Notification

Hospital sector providers were targeted by hackers to obtain logon credentials to DMAS' vendor, Conduent, to attempt payment fraud by redirecting Medicaid payments from hospital banks to hacker bank. While the hackers were able to redirect \$557K, these funds were successfully recovered with the

assistance of the Virginia State Police. DMAS made statutory notifications to the Office of the State Inspector General, Auditor of Public Accounts, and Virginia State Police. DMAS also notified the state Department of Treasury, Department of Accounts, Department of Planning and Budget, Virginia Information Technology Agency, and collaborated with the Virginia Hospital and Health Care Association to work with their members. Unfortunately, the hackers also gained access to protected health information for 6,120 members. We notified the Health and Human Services Office of Civil Rights of the breach, sent out individual notifications to each affected member, posted information on our agency’s website, and notified newspapers as required by law. The agency also set-up a call-center for affected members, and provided a year of credit-monitoring for affected members.

7. COVID-19 Updates

7.A Regulatory and Federal Flexibilities Virginia’s COVID-19 Policy Strategy –

Deputy Director of Administration, Rachel Pryor, provided regulatory and federal flexibility updates. Since the declaration of the public health emergency, DMAS has taken actions to extend flexibilities to support members, providers, and other stakeholders, and mitigate the impact of COVID-19.

- Two Executive Orders issued pertaining to Medicaid
- 86 provisions of state regulation waived
- Six provider memos have been issued
- Nine federal regulatory waivers filed
- COVID-19 landing page added to DMAS and Cover VA websites to include resources for advocates, providers and members

Key Provisions from Congress Related to Medicaid

- 6.2% FMAP Increase. Contingent on DMAS meeting the Maintenance of Effort and continuation of coverage requirements per Section 6008 of the Families First Coronavirus Response Act (FFCRA)
- COVID Relief Fund. Approximately \$3.1 B to Virginia plus \$200 M for localities; totaling \$3.3 B.
- Provider Relief Fund. \$175 B (CARES bill) in direct funding to healthcare providers for expenses and lost revenue attributable to COVID-19 and not reimbursable through other sources.
- Increased health-related spending. Approximately \$180 B in increased health-related spending in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, with much of it aimed directly at providers – unclear how much will go to Virginia and its providers (CRFB).
- 4th stimulus package likely on the way. Details are unclear; may include additional Medicaid provisions, among other forms of assistance.

Federal Flexibility Pathways

Federal Authority	Date Requested Flexibility to CMS	Current Status
Concurrence Letter	3/16/2020	Approved
Medicaid Disaster Relief State Plan Amendments (SPA)	3/13/2020 (Part I) 5/1/2020 (Part II)	Approved Approved
CHIP Disaster Relief SPA	3/16/2020 (Part I) 4/24/2020 (Part II)	Approved Approved

Section 1135 Waiver Part I	4/15/2020	Approved
Section 1135 Waiver Part II	4/23/3030	Approved
Section 1115 Waiver	5/29/2020	Pending
1915(c) Waiver Appendix K	4/17/2020	Approved

COVID-19: State Flexibility Pathways

- **Executive Order 51** (issued 3/12) – authorized executive branch agencies to waive any state requirement or regulation, and enter into contracts without regard to normal procedures or formalities
- **Executive Order 58** (issued 4/23) – waived additional provisions in the Code of Virginia
- **2020 Appropriations Act (Chapter 1289) Item 317.DD** – allows DMAS updates to the State Plan & related waivers to address the pandemic. **HB30, Item 4-5.03 (Services and Clients)** – removed limits on altering & changing cost factors in response to COVID-19 when funding is from a non-general fund source or any source when approved by the Governor in response to the pandemic.

7.B New flexibilities for Members

COVID-19 Related Eligibility & Enrollment Changes

Teams moved aggressively to assist members during the COVID-19 crisis.

Continuation of Coverage

- Delayed acting on changes affecting eligibility
- Expanded redetermination timelines
- Continuation of coverage for all Medicaid and CHIP members
- Waive out-of-pocket costs to member for duration of state emergency.

Additional Member Flexibilities

- Waive public notice and comment period requirements related to SPAs and modify tribal consultation timeframes.
- Suspend integration requirement for incarcerated individuals
- Consider Medicaid beneficiaries displaced from VA temporarily absent
- Accept attestation of medical expenses

Member Appeals

- For appeals filed during the state of emergency, Medicaid members will automatically keep their coverage (i.e. Medicaid eligibility or an appealed existing medical service) while the appeal is proceeding. Medicaid managed health plans will also approve continued coverage while their internal appeal process is underway.
- The timeframe to file an appeal is extended during the period of emergency.
- DMAS will hold all hearings by telephone, but if the member is unable to participate at the scheduled time, DMAS will reschedule the hearing to a later date.

Provider Appeals

- Providers affected by the COVID-19 emergency can request a hardship exemption to the normal deadline to file an appeal.
- All deadlines after an appeal has been filed are extended for the period of the declaration of emergency.

- All informal fact-finding conferences and formal hearings will be conducted by telephone during the period of emergency.

Additional Member Improvements

- Cover Virginia Consumer Inbox – A new inbox has been added to allow members and applicants to submit verifications that have been requested at application, renewal, or when a change is reported. Created in response to the emergency, this inbox will remain a permanent option for consumers
- Authorization for Verbal Consent: allows an individual to grant verbal consent to an application assister such as a navigator or Certified Application Counselor to file an application on the individual's behalf by paper, telephonically, or electronically

Enrollment Data in the Public Health Emergency

- Total of **1,612,996** members are enrolled in Virginia Medicaid
- Since the declaration of the state of emergency an additional **81,126** members have enrolled of which **35,402** are enrolled in the expansion group and **27,872** are children
- This is **61,687** enrollments above the non-COVID forecast
- **21,966** members were added during the month of May

7.C Chief Medical Officer Updates

Chethan Bachireddy, Chief Medical Officer provided updates on the COVID-19 crisis.

The COVID-19 Crisis

- March 7, 2020, first presumptive COVID-19 was confirmed in Virginia.
- March 13, 2020, all K-12 schools closed for a minimum of two weeks.
- March 14, 2020, first reported death from COVID-19 in Virginia.
- March 17, 2020, gatherings of ten or more people in restaurants, fitness centers, and theaters prohibited.

Those who are most vulnerable in society are those most likely to become infected and suffer the ill consequences of COVID-19

Activating Providers to Expand Testing - Activate our existing healthcare infrastructure by collaborating with:

- Primary Care
- Pharmacies
- FQHCs

Activating Members through COVID Check - Self-assessment – guidance – navigation – care

Ensuring Access to Care through Telehealth

- Home as an originating site
- Use of audio in addition to audio-visual modalities
- Payment parity with in-person visits
- Simplified billing and documentation
- Remote patient monitoring for COVID-19
- Enhanced specialty access through eConsults

7.D Flexibilities in LTSS

Tammy Whitlock, Deputy Director of Complex Care Services provided an overview of Medicaid memo's that have been released.

Memo released March 19, 2020:

- Service authorizations for specific Waiver or EPSDT services automatically extended for 60 days.
- Service authorization requirements for specific DME and Home Health services are waived during the emergency period.
- Suspension of Out-of-Network authorization requirements and pay these providers the Medicaid fee schedule.
- Remote services and telehealth are permitted for routine visits, level of care screenings, re-assessments, service plan development meetings, registered nurse supervisory visits, and service facilitator reassessment visits.
- Quality sampling requirements for waiver services are reduced due to limited provider capacity to complete files for quality management review desk audits.

Memo released April 22, 2020:

- Home and community-based settings are permitted to limit the number of visitors to their residences to minimize the spread of infection from COVID-19.
- Members will retain waiver coverage even if they do not receive a service over a 30-day period. For these members, MCOs will be reaching out monthly via telephone to do a safety check.
- Level of Care re-evaluations are extended from 12 months to 18 months.
- Spouses, parents of minor children, and legal guardians can provide and be reimbursed for personal care services.
- Personal care, respite and companion aides employed by an agency can perform services prior to completion of the required 40 hours of training. Agency providers are required to ensure that aides:
 - Are proficient in the skills needed to care for Medicaid members prior to delivering services in the home.
 - Receive the required 40 hours of training within 90 days after they begin performing services.

Memo released May 15, 2020 - Retainer Payments (effective 3/12/20 – 6/30/20)

- Adult day health centers and day support providers that are closed and unable to perform services due to COVID-19 may be eligible for retainer payments from March 12, 2020 through June 30, 2020.
- Providers can submit individual claims with a modifier to receive a payment rate of 65%.

Memo released May 26, 2020 - Access to Long-Term Services and Supports (effective 3/12/20)

- Permit individuals who choose to move to a nursing facility directly from a hospital to be accepted without a long-term services and supports screening.
- The Pre-Admission Screening and Resident Review (PASSR), Level One and Level Two, must be conducted within 30 days of admission.
- Choice must still be documented.

Nursing Facilities (effective 3/12/20)

- Minimum Data Set (MDS) Assessments for new admissions may be completed in 30 days (instead of 14 days).
- Nursing facilities may temporarily employ individuals, who are not certified nurse aides, to perform the duties of a nurse aide for more than four months, on a full-time basis if they can demonstrate necessary skills and techniques.

LTSS Provider Flexibilities

- Waive in-person supervision by a registered nurse every two weeks for Home Health and waive 14 day in-person supervision for hospice (telephonic supervision is encouraged).
- Home health agencies may perform certifications, initial assessments, and determine a patient's homebound status remotely by telephone or via video communication in lieu of a face-to-face visit.

Program for All-inclusive Care for the Elderly (PACE) (effective 3/12/20)

- CE sites may use remote technology and telehealth options (including telephone communication) as appropriate, to review or gather member information that would normally be provided as a face-to-face service.
- Member consent of participation must be documented and written signatures obtained within 45 days after the end of the emergency.
- DMAS Quality Management Reviews will be desk reviews only.

Durable Medical Equipment (DME)

- DME providers may deliver up to a 1-month supply at a time.
- DMAS will allow National Coalition for Assistive and Rehab Technology (NCART) recommendations for remote protocol, for complex rehab equipment.
- Telehealth visits are allowed for therapy evaluations unless it is determined a face-to-face evaluation is warranted.
- Face-to-face requirement for authorization of durable medical equipment for specific codes are waived.
- DMAS will allow temporary coverage for short-term oxygen use for specified acute conditions.

Certificate of Medical Necessity (CMN)

- Temporary extension of current CMNs until the end of the state of emergency.
- Temporary suspension of the requirement for a CMN for new orders (effective April 13, 2020).
- The DME provider must have a written, faxed, emailed or verbal order from the practitioner that includes the members name, item(s) being ordered and a diagnosis.

Governor's Budget Amendment (effective 3/12/20)

- Additional payment to nursing facilities of \$20 per day for each Medicaid resident through the emergency period (Executive Order 51).

Medicaid Memo 5/19/20 - Nursing Facility Funding

- The 2020 procurement process for applications for Civil Monetary Penalty (CMP) Funds is on hold until the 2021 CMP Application Cycle.
- CMS has granted to the states the ability to approve requests that meet CMS parameters for use of CMP Reinvestment funds for communicative technology.
- Communicative technology devices of up to \$3,000 per facility for residents to use for both social and telehealth visits can be authorized by DMAS (application deadline 5/27/20).

Medicaid Memo 3/27/2020 - Behavioral Health Services

Enabling the delivery of various behavioral health services via telehealth or telephone, through trauma-informed care including:

- Crisis Response and Interventions;
- Care coordination, case management, and peer services;
- Service needs assessments (including the Comprehensive Needs Assessment and the IACCT assessment in mental health and the Multidimensional Assessment in ARTS) and all treatment planning activities;
- Outpatient psychiatric services;
- Community mental health and rehabilitation services; and
- Addiction Recovery and Treatment Services (ARTS).

Medicaid Memo 3/27/2020 - ARTS Provider Flexibilities

- Opioid Treatment Programs (OTPs) can administer medication as take home dosages, up to a 28-day supply, to minimize exposure of COVID-19 to staff and patients.
- Reimbursement of the medication encounter for the total number of days' supplied of the take-home medication.
- Allowing the counseling component of Medication Assisted Treatment (MAT) to be completed via telehealth or telephone for patients suffering from substance use disorders.
- Preferred OBOTs or OTP's are not penalized for missed urine drug screens during the public health emergency.
- Face-to-face contact requirements are waived for care coordinators, counselors, and peer recovery support specialists within Preferred OBOT or OTP.

Medicaid Memo 3/27/2020, Provider Webinar 4/22/2020 - Authorizations and Licensure Reciprocity

- Allowing up to 14 days after the start of a new behavioral health service or after the expiration of an existing authorization for a service authorization request to be submitted from the provider to the MCO or Magellan of Virginia.
- Individuals unable to be discharged from inpatient psychiatric care due to COVID-19, may continue to receive authorizations for a continued stay until they can be safely discharged into the community.
- Licensed Mental Health Professionals (LMHPs) licensed in another state may provide behavioral and substance abuse services to Virginia residents and receive reimbursement from DMAS. LMHPs with an active license issued by another state may be issued a temporary license by endorsement.

8. New Business/Old Business

9. Public Comment

9.A Public Comments

10. Adjournment

Moved by Greg Peters; seconded by Maureen S Hollowell to adjourn.

Motion : 6 - 0

Voting For: Greg Peters, Peter R Kongstvedt MD, Cameron Webb Dr., Kannan Srinivasan, Maureen S Hollowell, Michael E Cook Esq., Raziuddin Ali MD, Rebecca E Gwilt Esq.

Voting Against: None