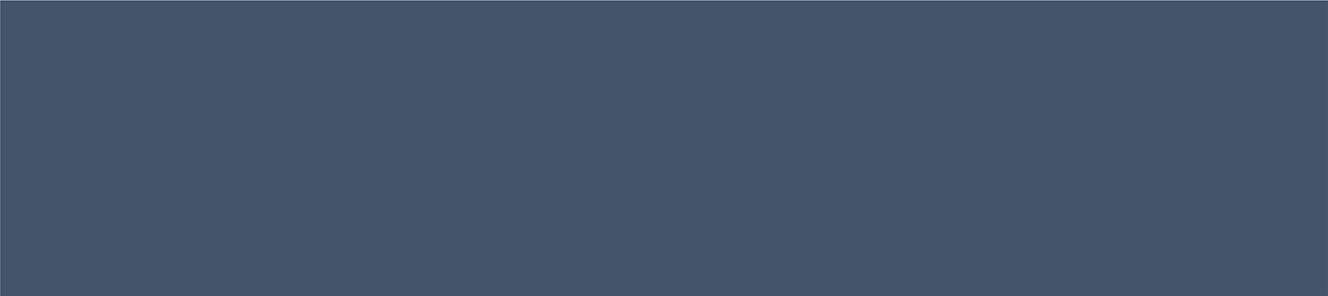




VIRGINIA MEDICAID  
MEMBER ADVISORY  
COMMITTEE

*ANNUAL REPORT - 2019*



## Introduction

The Virginia Department of Medical Assistance Services (DMAS) provides services and programs for approximately 1.5 million people in the Commonwealth of Virginia. DMAS administers Virginia's Medicaid and children's health insurance (CHIP) programs. Approximately four percent of the population is in fee-for-service, with the remaining majority receiving care through the two DMAS managed care programs: Medallion 4.0 and Commonwealth Coordinated Care Plus. DMAS' mission is to improve the health and well-being of Virginians through access to high-quality health care coverage.

Medicaid members historically have included children, pregnant women, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to close to 400,000 newly eligible, low-income adults.

Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act. Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program. Medicaid expansion qualifies the Commonwealth for a federal funding match ranging from 93 percent and scaled down each year to 90 percent for newly eligible adults, generating cost savings benefitting the overall state budget.

## Committee Background

The Medicaid Member Advisory Committee (MAC) was established to provide DMAS with insight into the member's experiences and to offer recommendations for consideration by the Agency. This report provides an overview of that engagement.

DMAS believes that Medicaid members across the Commonwealth can provide DMAS with valuable

awareness into members' Medicaid needs and experiences. Obtaining a fuller perspective of the Medicaid recipients' needs and experiences provide an opportunity for the development and implementation of better Medicaid program and service designs. The MAC reports to the Director of DMAS.

DMAS believes that healthier individuals produce healthier families and healthier families produce healthier communities.

The committee, while advisory to the DMAS Director, is not an advocacy or lobbying group. The committee, in addition to providing recipients' perspectives, makes recommendations concerning the development and communication of services, programs, and ideas. The Director of DMAS designated the Deputy Director for Administration to serve on the Committee.

The DMAS Director reviews the recommendations of the MAC. Following that review, MAC information may be forwarded to the State Board of Medical Assistance Services (BMAS) for its consideration. The Director may also implement such recommendations.

### *Forming the Committee*

In order to develop and establish the MAC, DMAS staff examined whether other states had similar Medicaid advisory committees. While other jurisdictions had Medicaid advisory committees made up of Medicaid recipients *and/or other stakeholders*, DMAS discovered that only the state of Colorado currently has a statewide advisory committee made up solely of Medicaid recipients or their authorized representative.

The Colorado Department of Health Care Policy and Financing established its Medicaid enrollee advisory committee in 2015. Colorado's advisory committee is referred to as the Member Experience Advisory

Council (MEAC). Colorado provided DMAS with valuable information. For example, they shared that:

- their most fruitful recruitment tool was e-mailing their members;
- their council operates under person and family focused standards (respect and value individual preferences, strengths and contributions); and
- initially they accepted almost anyone for membership who was with either a Medicaid or Children’s Health Insurance Program (CHIP) recipient and who was not already engaged in other ways with the department and did not serve in a formal advocacy role.

This information and other best practices learned by Colorado was extremely helpful. DMAS sought to use the most effective means for outreach and to ensure that members knew that their presence and considerations were welcomed.

Additionally, DMAS researched other entities’ (universities connected to hospitals, community based organizations, managed care organizations, etc.) efforts to establish and convene an advisory committee. These entities utilized various recruitment methods such as e-mail, phone calls, letters, etc., and sought to create an inviting atmosphere to obtain the input of their Medicaid members.

The feedback from Colorado and others proved to be quite valuable to DMAS’ efforts to establish and convene its advisory committee. DMAS utilized various avenues to communicate information about the establishment of the committee. DMAS enlisted the guidance and support of various state and local partners for this outreach.

In addition to outreach, DMAS developed materials such as policies and procedures, as well as frequently asked questions, in order to inform the public about the purpose of the proposed advisory committee and to invite Virginia Medicaid recipients to apply.

## ***The Partners***

To identify and recruit Medicaid members for consideration on the advisory committee, DMAS worked with its partners such as: the Virginia Department of Social Services; Virginia Department of Behavioral Health and Developmental Services; Local Departments of Social Services; Local health and behavioral health agencies; Virginia Poverty Law Center; Managed Care Organizations; Community based partners and others.

After engaging its partners, DMAS sent letters/e-mails and surveys to enrollees around the Commonwealth and encouraged them to complete the brief survey and return it to DMAS. This communication, while encouraging members to complete the survey, advised them that they were not obligated to complete it and that their eligibility would not be affected by their (non)completion of the survey. Another recruitment method DMAS utilized was sending a message to subscribers of DMAS’ e-mail messages.

An appointment workgroup, made up of various DMAS state and local agency partners, reviewed completed surveys and/or recommended enrollees for participation on the MAC. While there were no formal qualifications for participation on the MAC, prospective candidates had to evidence a general willingness to engage the work of the committee.

Recognizing the uniqueness of each Medicaid recipient, the appointment workgroup endeavored to achieve a diverse state-wide representation of Medicaid recipients from different eligibility groups and backgrounds.

## ***Goal***

The goal was to invite Medicaid enrollees from different regions from around the state, diverse racial backgrounds, men and women, and across different parts of Virginia’s Medicaid program. Since Virginia’s Medicaid population is reflective of the diversity of the Commonwealth, it was important to

ensure that the committee reflected this diversity by gender, race, region, and program. Moreover, DMAS sought to convey an atmosphere that was not only welcoming, but would invite recommendations that could enhance the delivery of its programs and services.

Individually and collectively, the committee members shared their experiences with DMAS leadership and staff. Since other partners (i.e., providers and advocates) within the Virginia Medicaid system already have access to formal mechanisms to share their opinions, DMAS sought to ensure that the MAC was a forum for *Medicaid members or their representative* to share Medicaid related experiences and to have a meaningful opportunity to propose recommendations for improvement.

During the course of the recruitment phase of this initiative, there were thoughtful observations shared with DMAS in application surveys returned from Medicaid recipients, including:

- Health care is important so that people can have a better quality of life;
- Access to a variety of medical and dental services, transportation, health rewards and perks are important to health care;
- Timely access to quality medical care and supplies and pharmaceuticals and consistent access to services are vital. Further, individuals with disabilities and their families should not have to jump through extra hoops for medical care that their providers have found to be necessary;
- There is a need for everyone to have access to quality health care. Access to health care should not be dependent upon income. It is important that the most vulnerable in society and those with Limited English Proficiency have continuous access to medical care and necessary supports;

- It is important to keep children with special health care needs healthy and safe at home and in the community.

### ***Members Selected***

The seated individuals were:

- Christian Campbell
- Catherine Childers
- Margaret Crowe
- Sandra Hermann
- Hamilton Holloway
- James Murdoch, Sr.
- Elizabeth Noriega
- Lisa Richard
- Robert Savoy
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*(from left to right) Committee members Sandra Hermann, Margaret Crowe, and Hamilton Holloway*

The selected members expressed that their participation on the committee was an opportunity to have a meaningful impact in helping to shape the understanding and delivery of high quality medical assistance to the broader Virginia Medicaid population. Moreover, some members expressed a desire to share Medicaid information with members of their communities.

A breakdown of the committee membership is set forth on the table below.

<i>Gender</i>	
Female	6
Male	3
<i>Race</i>	
Caucasian	5
African American	3
Hispanic	1
<i>Region</i>	
Central	3
North	2
East	2
West	1
Southwest	1
<i>Representing</i>	
Family (child)	7
Self	2
<i>Medicaid Program<sup>1</sup></i>	
CCC Plus	4
Waiver/HIPP	3
Medallion	2

Each of the Committee members agreed to serve a one-year term, with DMAS extending an invitation to serve for a second year.

### 2019 Meetings

In the inaugural year of the MAC, DMAS held meetings on April 1, 2019; June 5, 2019; August 26, 2019; and November 18, 2019.

DMAS Deputy for Administration Rachel Pryor, who serves as the committee’s *ex officio* member,

provides management and oversight of the initiative and has attended each meeting.

During the meetings, the Committee members examined and provided observations on the impact of DMAS services and programs. DMAS posted the date, time, location, and agenda for each meeting on Virginia Townhall (<http://townhall.virginia.gov/>). Each meeting also reserved a period for public comment.

### April 1, 2019



(from left to right) Deputy Secretary Marvin Figueroa, Secretary Daniel Carey, M.D., Former DMAS Director Jennifer Lee, M.D., and Deputy Director for Administration Rachel Pryor

This was the first time that the MAC members met. The meeting started by introducing then DMAS Director, Dr. Jennifer S. Lee, who discussed the vision and importance of the committee. Dr. Lee explained to the committee members that “this is your health insurance program and you are our most important stakeholder.” This assurance set the tone for this meeting and those that would follow. Dr. Lee introduced Daniel Carey, M.D., Secretary of Health

<sup>1</sup> Commonwealth Coordinated Care Plus (CCC Plus) is a Medicaid managed care long term services and support program that serves individuals with complex care needs. Medallion is a Medicaid managed care program that provides its members with access to preventive and coordinated care. Waivers allow individuals to receive services in the community. HIPP is the Health Insurance Premium Program.

and Human Resources (HHR). Dr. Carey stated that HHR is committed to continuous improvement and noted that Deputy Secretary Marvin Figueroa was also present for the meeting. Dr. Carey explained that it is his goal to gain a better understanding of how to serve the Medicaid members, their families, and their communities. In order to facilitate discussion, the committee developed a “MAC Pact”: a set of guidelines for promoting collaborative and respectful discussion of issues and concerns. See Attachment A to this report for a copy of the MAC Pact. The committee members also learned more about Medicaid through presentations provided by staff from DMAS and the Department of Social Services.



*(from left to right) Committee members James Murdoch, Sr., and Elizabeth Noriega*

The meeting included a segment dedicated to allow committee members the opportunity to identify potential future agenda items. The committee members spoke of their appreciation for the work of DMAS, but also shared concerns of being able to access timely and affordable quality health care for themselves and/or their loved one. In addition, members expressed a desire to see an increase in the amount of time in which to provide requested verifications as a part of the application / renewal process. In response, for applications and renewals, DMAS has worked to clarify that the time to return

requested verifications is 45 days and 30 days, respectively. See Attachment B, Progress Tracker. DMAS staff emphasized that future meetings would also focus on areas of interest to the committee members.

### ***June 5, 2019***

After an introduction by Dr. Lee and Deputy Director Pryor, DMAS staff presented on outreach and enrollment strategies. Committee members provided feedback, including suggestions for enhancing the [www.coverva.org](http://www.coverva.org) website. DMAS also received suggestions from the committee on changes being made to Medicaid correspondence and the Medicaid renewal application. In response, DMAS has made changes, including:

- On the Medicaid renewal form – highlight on first page that phone or internet would be the fastest avenues to use.
- Note that the Medicaid renewal form is not open enrollment to change health care plans.
- Within the Cover Virginia website - If the income screening tool is used and individual’s income exceeds limits, a message is displayed that includes “Note: This is a basic screening tool based on income. Individuals may qualify under other circumstances, such as disability or medical need. For more information, call 1-855-242-8282.”
- In response to a request to have at least one picture of children with special health care needs featured on the webpage, DMAS has added a page for information and resources for children and their families with disabilities. A picture of a child with a disability is on this page.

The meeting concluded with presentations by staff from the managed care programs available through DMAS – Medallion 4.0 and Commonwealth Coordinated Care Plus. During the prior meeting,

committee members had asked for more information about managed care.

### *August 26, 2019*

After a welcome by Dr. Lee and Deputy Director Pryor, DMAS staff presented the committee with a progress-tracking tool developed to document committee suggestions and the DMAS response. DMAS staff noted plans to update the tool following each meeting and posted the tool on the DMAS website. See attached Progress Tracking Tool. DMAS staff demonstrated implementation of various committee recommendations on the Cover Virginia website. For example,

- Added criteria for the Commonwealth Coordinated Care Plus Waiver to the Children with Disabilities page.
- Added information about services available for when a child becomes an adult. Websites suggested by the MAC Members were added to the “Additional Resources” section at the bottom of the Children with a Disability website.
- Added information about the services and programs available while a waiver eligibility determination is under review.

Dr. Lee also briefed the committee on Agency initiatives, including an increased focus on improving the health of mothers and newborns, which was developed based on Governor Northam’s goal to eliminate the racial disparity in the maternal mortality rate in Virginia. Committee members also expressed concerns with the upcoming requirement for Electronic Visit Verification (EVV) for Medicaid personal care services. After receiving this feedback, DMAS added this topic to the next committee meeting.

### *November 18, 2019*

Current DMAS Director Karen Kimsey presided over this meeting and urged the MAC to continue its work highlighting where DMAS can improve and be of even greater service to Virginia Medicaid members and the Commonwealth of Virginia. As requested by the committee, DMAS held a discussion on the implementation of Electronic Visit Verification. Various members expressed concerns about how EVV worked and whether the implementation time was sufficient. Subsequent to this meeting, DMAS extended the transition date from December 31, 2019 to April 1, 2020. In response to some members’ questions about tools to be used in accessing EVV, DMAS outlined that care aides could use computers to access and provide EVV information if landline or cell phones were not available.



*(from left to right) DMAS Director Karen Kimsey and John Stanwix*

DMAS also sought feedback from the members on preferred ways for the Agency to communicate Medicaid information to the public. Over lunch, the committee had the opportunity to have a conversation with Ellen Montz, Ph.D., DMAS Chief Health Economist and Director of Economic Policy. A particular area of interest to the committee was DMAS’ use of data and data sharing with other agencies. The meeting also included a portion of the

agenda for the Secretary of the Commonwealth to discuss the upcoming census. The Secretary of the Commonwealth sought feedback from the committee on outreach strategies.

## Conclusion

In its first year, the MAC has already served an important role in advising the DMAS Director. As demonstrated by their observations as reflected in the Progress Tracker Tool, and DMAS' responses, the MAC has proven that Medicaid members and their authorized representatives bring a unique perspective and have feedback that can improve the Virginia Medicaid program.



*(from left to right) MAC members Hamilton Holloway and Lisa Richard*

The leadership and staff at DMAS seek to continue to work with its partners and others in order to provide high-quality health care services that will improve the health of Virginians. The benefit of doing so will positively affect our Commonwealth, economy, communities, schools, and the lives of those that we serve – leading to a healthier and more prosperous Virginia. With the assistance of the MAC and our

various partners and stakeholders, DMAS is prepared to meet the challenge.

The MAC will build on this first year and continue the momentum into 2020 and future years.



*(from left to right) MAC members Robert Savoy, Christian Campbell, and Catherine Childers*

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To learn more about the MAC, including applying to be a committee member or quarterly meeting minutes, reference documents, and other information, please visit:

<https://www.dmas.virginia.gov/#/MemberAdvisory>

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DMAS thanks the MAC members, Secretary Carey and the leadership and staff at HHR, the leadership and staff of DMAS, and our state and local partners.



*Following each of the meetings, committee members had the opportunity to provide an evaluation and share their opinions about what had taken place. These observations included:*

I felt that the leadership of DMAS definitely wanted to hear what the actual constituents or representatives felt was important to them ... DMAS administration was actually looking to see how improvements in the Medicaid system (could be) made. I actually left the meeting feeling that good things would come!

There were two areas most meaningful for me for (at the) inaugural meeting. The first was meeting the staff and getting a sense of their commitment to improving Medicaid. The second (was) the presentations. Getting a baseline understanding of the program was crucial to determining what areas need improvement and/or require better outreach to the local communities.

The MAC has worked well and we have worked hard to represent ourselves, families, communities and those who don't know how to advocate for themselves ... this process helps me advocate for my son and mother-in-law, both of whom are disabled and live in my home.

I like that we all are working for the same goal. I love the interaction and the testimony of the other members and the staff. I felt that everyone wants to make Medicaid a better and easy program.

I like receiving information that I can communicate to others.

The MAC has been an incredible experience! The high level of commitment of the DMAS staff and the MAC to improving the lives of our most vulnerable in our community is unmatched in any organization I have worked with over the years. It has been an honor to be part of this amazing experience.

What did I find most meaningful about this meeting? To see the passion from everyone to make Medicaid more friendly and accessible for everyone.

I am so fortunate to be a member of the MAC. Since my daughter was born Medicaid was by our side, I don't take anything for granted and Medicaid has been a blessing for my daughter and our family. I can recognize that any of programs are perfect but being a part of the MAC has opened my eyes, and I was able to also see the faces of people working so hard to make the program better and efficient for the community. In every meeting, we are learning a lot and we all the MACs give our perspectives and advise to make the program clearer and understandable for everyone.

# Attachment A

“MAC PACT”

# The MAC Pact

MAC member expectations for interactions and strategies for accomplishing goals together

How We Interact Together	How We Get Things Done
<ul style="list-style-type: none"><li>• We are welcoming to one another.</li><li>• We prioritize time to get to know each other during meetings and promote a healing environment.</li><li>• We commit to respecting one another, suspending judgment, and collaboration.</li><li>• It is important to us that all MAC member voices are heard.</li><li>• We share our personal experience and perspective, but we are also considering the experience of other members as well.</li><li>• We approach challenges with solution-focused energy.</li><li>• We want to be hard on the problem, not each other.</li></ul>	<ul style="list-style-type: none"><li>• We are mindful of acronyms and commit to spelling them out in conversation and in writing.</li><li>• We are mindful of time, yet flexible and intentional when the schedule may need to change.</li><li>• It is important to us that only one person speaks at a time.</li><li>• We enjoy collaborating with a designated facilitator to keep the meeting on course.</li><li>• We will maintain a parking lot of items for future discussion.</li><li>• We want see the action! It is important to us to have timely follow up when feedback is given.</li><li>• Change it up! We prefer to vary our activities and lunch selections when possible.</li></ul>

The MAC Pact will be reviewed at each MAC meeting and is subject to edits and revisions at any time as desired by the MAC

# Attachment B

MAC Progress Tracker

# Medicaid Member Advisory Committee Feedback Tracker

For Items Through Meetings Held November 18, 2019, or Earlier

6/8/20

 <b>Application Process &amp; General Feedback</b>				
Date	Feedback	Division*	Progress	Status
4/1/19	Increase number of days to submit requested verification documents from current timeframe of 10 days to something longer	E&E	<i>A release implemented in March 2020 included a change that states "While we are requesting that you return your verifications within ten days of the receipt of this letter, you may return your verifications within 45 days from the date of your Medicaid application, or within 30 days from the date of your Medicaid change or renewal."</i>	Complete
6/5/19	Have federal driver's license REALID be used to substitute for some other forms of ID such as birth certificate	E&E	<i>This type of verification is not typically needed since usually both citizenship and identity can be verified electronically. However, if there was a situation where someone had to verify citizenship, then a REALID would be acceptable. Per 42 CFR 435.407(a)(4), DMAS can accept a valid state-issued driver's license if the state issuing the license requires proof of US citizenship, or obtains and verifies a SSN for the applicant who is a citizen before issuing such a license.</i>	Complete
8/26/19	Provide information to the public about new services DMAS is adding or seeking to add	Policy OCLA	<i>DMAS is evaluating how to best communicate this information. Further discussion with the Committee can help shape DMAS' strategy.</i>	In progress

 <b>Medicaid Correspondence</b>				
Date	Feedback	Division	Progress	Status
6/5/19	Renewal – Highlight on first page that phone or internet is fastest way	E&E	<i>A note was added to this effect. It will be implemented when system change is made for renewal notices. Estimated date for implementation is June 2020.</i>	In progress
6/5/19	Mention that it is Medicaid renewal, not open enrollment to change plans	E&E	<i>A note was added to this effect. It will be implemented when system change is made for renewal notices. Estimated date for implementation is June 2020.</i>	In progress
6/5/19	Flag on first page that Internet access may be available at public library	E&E	<i>A note was added to this effect. It will be implemented when system change is made for renewal notices. Estimated date for implementation is June 2020.</i>	In progress
6/5/19	Have option of "has anything changed since last renewal"?	E&E	<i>Notice does not specifically state this term, but instead says, "review your information below, cross out anything that is wrong and write in new information." If nothing has changed, then the information would just be reviewed and the form would be signed and returned.</i>	Complete
6/5/19	Have MCO plan issued cell phones <i>not</i> use allotted minutes if calling CoverVA or using website to complete application	HCS/IC	<i>DMAS has worked with Anthem and Aetna so that calls to CoverVA are not counted against allotted amount. Optima members can contact the member services line, who can transfer to CoverVA to not be used against the allotment. Magellan allows 1,000 minutes per month total.</i>	In progress
6/5/19	Make information on notice of obligation more readable. Possibly include fact sheet	E&E	<i>Revisions have been made to this effect. It was implemented in March 2020.</i>	Complete
6/5/19	Have ability to start an online renewal early, save it, and come back to it at later date	E&E	<i>This functionality currently does not exist. DMAS will review to see if it can be added.</i>	In progress
11/18/19	Receive an explanation of benefits after services rendered	OPS/HCS/ IC	<i>DMAS is reviewing the feasibility.</i>	In progress

\*Divisions: E&E = Eligibility and Enrollment; OCLA = Office of Communications and Legislative Affairs; HCS = Health Care Services; IC = Integrated Care; Policy = Policy, Planning, & Innovation; OPS = Program Operations; CL = Community Living

(over)

# Medicaid Member Advisory Committee Feedback Tracker

For Items Through Meetings Held November 18, 2019, or Earlier

6/8/20

 <b>Cover Virginia Website (www.CoverVA.org)</b>				
Date	Feedback	Division	Progress	Status
6/5/19	Add disclaimer to CoverVA screening tool that it is for income determinations only and that individuals may qualify from other factors, such as disability	OCLA	<i>Completed. If screening tool is used and individual's income exceeds limits, a message is displayed that includes "Note: This is a basic screening tool based on income. Individuals may qualify under other circumstances, such as disability or medical need. For more information, call 1-855-242-8282."</i>	Complete
6/5/19	Add toll free number for Cover VA Call Center to landing page	OCLA	<i>This information has always been on the CoverVA webpage. The font size for the telephone number has been increased to make it more visible.</i>	Complete
6/5/19	Add more information to CoverVA website about Medicaid program types. Can utilize/reference information from handbooks	OCLA	<i>Content has been added since last meeting under "Programs" heading. Additionally, DMAS is developing one page fact sheets for different programs. Once completed, these will be added to the website.</i>	In progress
6/5/19	Have at least one picture of just kids with disabilities	OCLA	<i>DMAS has added a page for information about children with disabilities. A picture of a child with a disability is on this page.</i>	Complete
6/5/19	On CoverVA Website - List provider network, or at least have link to access fee-for-service provider network and MCO provider networks	OCLA	<i>The six DMAS managed care plans have their own websites and the CoverVA page links to those websites under the "Plans" heading. The user can then access the provider network on each plan's site. The same section of the CoverVA webpage includes a link to the fee-for-service network.</i>	Complete
6/5/19	Review for plain language. Example of use of the word "exclusion"	OCLA	<i>DMAS is performing this review.</i>	In progress
6/5/19	Review website for ADA compliance	OCLA	<i>DMAS is performing this review.</i>	In progress
8/26/19	Add criteria for Commonwealth Coordinated Care Plus Waiver to the Children with Disabilities page	OCLA	<i>This information has been added to the website</i>	Complete
8/26/19	Add information about services available for when a child becomes an adult	OCLA	<i>Websites suggested by the MAC Members have been added to the "Additional Resources" section at the bottom of the Children with a Disability website (<a href="https://coverva.org/disabledchild/">https://coverva.org/disabledchild/</a>)</i>	Complete
8/26/19	Add information about what services or programs are available while a waiver eligibility determination is being made	OCLA	<i>Websites suggested by the MAC Members have been added to the "Additional Resources" section at the bottom of the Children with a Disability website (<a href="https://coverva.org/disabledchild/">https://coverva.org/disabledchild/</a>)</i>	Complete
8/26/19	Add list of frequently used acronyms and definitions for frequently used terms	OCLA	<i>DMAS is compiling this information and will add to website.</i>	In progress
8/26/19	Add more information about the State Plan and DMAS Waivers	OCLA	<i>DMAS is reviewing the feasibility of adding the State Plan to the website. Additional information about the Waivers has been added as a link to content on the DMAS Agency website.</i>	In progress
11/18/19	Add option for chat on website	OCLA	<i>DMAS is evaluating this functionality.</i>	In progress

# Medicaid Member Advisory Committee Feedback Tracker

For Items Through Meetings Held November 18, 2019, or Earlier

6/8/20

 <b>Electronic Visit Verification</b>				
Date	Feedback	Division	Progress	Status
11/18/19	Provide more education in communities, including possibly having a video to explain the change.	CL	DMAS is educating agency-directed providers through a series of e-mail messages to those providers leading up to the 7/1/2020 implementation date. Consumer-directed education was provided through mailed letters, webinars, town hall meetings, e-mail blasts, and training videos. DMAS maintains an e-mail box dedicated to EVV available at <a href="mailto:evv@dmass.virginia.gov">evv@dmass.virginia.gov</a> . There is also in-depth information about EVV, including access to training presentations, available at <a href="http://www.dmass.virginia.gov/#/longtermprograms">http://www.dmass.virginia.gov/#/longtermprograms</a> (click at the top on the banner titled "Electronic Visit Verification").	Complete
11/18/19	Implementation date for EVV is too soon.	CL	The implementation date for EVV was moved to July 1, 2020.	Complete
11/18/19	Change name of one of the available apps from "Celltrak" to something else.	CL	CellTrak is the name of the company and DMAS has no control over the name.	Complete

 <b>Committee Operations</b>				
Date	Feedback	Division	Progress	Status
8/26/19	Add DMAS' core values to the "MAC Pact"	n/a	The core values (service, collaboration, trust, adaptability, and problem solving) have been added to the MAC Pact.	Complete
8/26/19	Include Committee documents in a reusable binder rather than new folders for each meeting.	n/a	Binders will be used going forward	Complete
8/26/19	Distribute post-meeting survey in hard-copy format at the end of each meeting	n/a	Post-meeting surveys will be handed out at the end of each meeting	Complete
8/26/19	Have reusable name tags for each meeting	n/a	DMAS is reviewing options.	In progress