

RAW FILE

Return to Normal, Session IV:

Home Health Associations

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>> NATALIE PENNYWELL: Good Evening, Everyone. We are going to get started in a couple of minutes. I hope you have an evening snack with you or something and your questions handy. All right. See you soon.

>> NATALIE PENNYWELL: Good evening. Good evening. Thank you for joining us this evening. I Think It Is Our Fifth town hall. And I want to make sure that all of our key players are in the room. Okay. I see Katie. Is Mariam here? Let me see if Mariam is here. And then we have a couple of team members that will be joining us a little later on. So, why can't I see -- here we go? Participants.

Let's see. I don't see Mariam yet, but I am sure she will join us shortly. All right. So, what we will go ahead and do is do some housekeeping. Again, thank you for joining us today. I know it is 6:00. And hopefully you have all the information that you need as far as just trying to make sure that you are easing out of the day as you are ending your day here with us at DMAS and VDSS and hopefully you will get good information and hopefully you will have lots of questions to ask. And make sure that you have clarity.

All right. So, before we get started, you will see two features. I will have all of the speakers introduce themselves, and the features at the bottom, you will see two things. You will have chat and then you will have Q&A. It's only you see the chat. You can click on the three dots, the bubble with the little here's a side bubble for speaking.

That's the chat feature. And we are only wanting those for clarity in discussion.

If you have a question in and of itself, we are asking that you, actually, submit those questions via the Q&A. And if you click the three additional dots that sit to the left -- I mean to the right of that, you will see a Q&A feature. Just click on that feature and then submit your question there. So, we can make sure we keep up with it and we know when we are answering those questions appropriately.

Let me see if I see Mariam and see if she joined us. I don't see her quite yet and in the meantime, I will have Katie introduce herself and then I will introduce myself and see where we go from there.

>> KATIE O'CONNELL-RAYMOND: Good evening. My name is Katie O'Connell-Raymond. I'm a Medicaid consultant with the Virginia Department of Social Services.

>> NATALIE PENNYWELL: All right. I am Natalie Pennywell, the Outreach and Community Engagement Manager here at DMAS.

And we have normally a third team member, which is Mariam Siddiqui. And I don't see her quite yet. So, I will start it off and, hopefully she, will be able to join us and take it from there. We will go from there. Me and Katie always know we can pivot as we need to. And we will just keep rolling.

So, and behind the scenes I want to make sure I thank our team. That includes Rebecca Dooley, I don't know how many of her team members are here but sometimes there's Kristin, sometimes there's Anita and then we have Dahlia that's helping to post anything regarding the closed captioning and then other team members are going to be helping you with the Q&A, we thank you in advance for your time.

Let's go ahead and get started. Thanks, Rebecca. I jumped the gun there. Next slide and then next slide.

All right. So, why are we here today? The purpose is to make sure that we provide information for you. As you all know for the last three years, we have been in this space, this holding pattern for making sure that we have continuous coverage for our members. Our current guidance and federal partners have given us additional guidance regarding what that looks like for us and as we move forward and make sure there's clarity for that. We are trying to make sure that you have all the information you need in order to be successful in your endeavors while supporting our members.

We have received funding for the last three years and there's going to be a stepdown to that funding over the next 12 months. And then we also want to make sure that as we are

transitioning to this back to normal state, because this is something that existed the pandemic, right? This component of the work existed before the pandemic.

So, we are trying to get back to that state of renewals every single year on an annual basis. But we first have to duh that for all the people that have been placed on hold for the last three years.

And DMAS and VDSS is slabbing with stakeholders across the continuum of care, all across Commonwealth in order to make sure that our sister agencies, health plans, advocates, any assistance that may exist, community partners, providers, that our community members in general understand this is to be a smooth transition and we are hoping that by giving you this information, giving you a form an an opportunity to talk and discuss, learn about what the process is going to look like, that you will feel more confident in doing the support that you provide.

Next slide, please. Thank you so much, Rebecca. All right. So, in this space, what have we done so far? What have all of our planning efforts entailed? And we have done a lot. Between DSS and DMAS and some of the other people that sit within the Virginia Medicaid ecosystem, there's a lot of work that has been done.

When we start to look at this continuous requirement and all the things -- all the strides that have been made in order to make sure that we are best prepared for this process as it ensues starting in a couple of weeks now, we just want to highlight some of the things that have been done.

We have made some system updates. We included improving efficiency when it comes to the renewal/redetermination process. We hope that by creating these efficiencies, we will reduce the number of individuals that are inappropriately terminated. When we talk about some of those administrative reasons that take place, trying to decrease that as much as possible is really the goal. Developing a detailed plan to stage redetermination, and I will say that Jessica, the eligible and enrollment team, all of them have been working feverishly to make sure we have a schedule, everybody understands what the caseload looks like as it spreads across the months. Making sure there's detailed plans in their stagings of these redeterminations of the next 12 months. It's also important in order for our systems to operate in the most efficient manner. Collaborating with our managed care organizations, they have been fantastic and phenomenal and a lot of different ways receptive and a lot of ways ask wonderful questions, allow us

to think through how can we best support our members through our MCO and then giving us firsthand knowledge of what that experience may look like for them as they are doing that support and how we can better engage them to make sure they have a firm understanding of what that looks like and what those processes look like.

Addressing returned mail. We often talk about what it means when people do not receive the information that they need. And for our two agencies that send out a lot of mail, we definitely need an approach to make sure that we understand what happens when returned mail is taken place. Cindy's team has done a tremendous job. And I see Victor Grant here today, I believe, and he sits a part of that team that understands when there is returned mail that something needs to take place. We have a lot of strategies in place in order to make sure that when they receive that information, they can follow up on those members in order to try to get to correct address so they can receive what they need to receive.

Communications outreach and engagement plan is in place. We have a lot of digital outreach and engagement. We have been doing a lot of work and reinforcements, application assistance to ensure our members understand the steps that need to be taken in order for them to successfully maintain coverage, if eligible.

And then also making sure you as stakeholders understand what those processes are as well.

And then we have our coordination of language approval and scheduled delivery of our mailings/digital/telephonic outreach, any kind of way that this process is easily understood and that you understand what place you hold in the process in and of itself and give you a form to ask questions to gain clarity. We are trying our very best to create those materials and tools for you.

And then identifying which federal flexibilities that the Commonwealth will maintain. Because as you know with the pandemic came a lot of opportunities for us to see different ways in which to do some of the work that was being done previous to the pandemic. Looking how the strategies that the department can, you know -- it may take to leverage some of those flexibilities and what way in order for it to truly benefit the member overall.

Next slide, please. Thank you. All right. So, the CMS guidance truly reiterates that states' obligations to respect to conducting full redeterminations and providing enrollees ample time to respond is truly important. For us we have to

go through a process and we can't just touch that member one time if they don't respond. There's methods in order for us to do this kind of work. Make sure that the renewal process in and of itself is clear to the members in and of itself. We have 12 months in which to do this work. The major takeaway for this slide is understanding this is a staggered approach. Not everybody is going to be redetermined at the same time. There are certain processes that are in place in certain time frames that are in place in order for our members to return the information necessary in order to maintain coverage, if eligible.

And then make sure we elevate any issues or concerns that come up and make sure that everybody that is a part of the process, all the way from sending out first ex parte through upheavals, make sure they are plugged into the process so our members get the best possible customer care.

And then making sure we don't take adverse action before CMS has provided us guidance to do so. And in their guidance that was laid out through the omnibus bill, they allowed for states to start that process in April. So, we can start the process, actually, in February. So, we have started -- we are going to start that for Virginia this month. We are going to start ex parte, which is a no touch process and that will go through but no adverse action will be taken before April 30th of 2023. So, that's also truly important to know.

Next slide, please. So, this is the timeline. This is what this looks like. Full renewal processing starts this month in another week or so. And for us for closures, won't happen before April 30th of 2023. So, April will be the first month that it actually happens. Have 12 months in which to do this kind of work. Make sure we have a sustainable caseload across those different staff and team members. And you will here Katie talk about that a little bit more about all the things that are being done in order to make sure our workforce is prepared and trained for what's coming their way.

And then they will have two months to do a little bit of cleanup based on when that last redetermination packet is sent out.

So this is what we are looking at. This is what this process looks like for us. This is what this timeline looks like for us. I'm going to turn it back over to Katie and she is going to, kind of, explain some of the components that DSS is over and then you will come back to me and we will talk about what that outreach engagement and communications plan looks like. Thanks, Katie.

>> KATIE O'CONNELL-RAYMOND: All right. Next slide, please. So, well, we could go back if you like. Thank you. I haven't done this slide, but.

>> NATALIE PENNYWELL: That's because it's my slide. I completely forgot. Not typically my slide but it is our slide. I will review it right quick, Katie. I apologize.

>> KATIE O'CONNELL-RAYMOND: That's okay.

>> NATALIE PENNYWELL: So, the last thing is to highlight all the different ways in which we have worked in order to make sure that we can renew and resume our normal operations. We have done system updates. We have waivers, temporary and unwinding waivers that have been submitted and approved. We have trainings that are being done, policy flexibilities in place. We have had a plethora of different stakeholder and member outreach and engagement and communications done. So, all of these different components really sum up the way in which we have been preparing for the last three years.

And this is a great foundational slide for handing it over to Katie in the normal circumstance and I completely forgot so I apologize for that, Katie.

>> KATIE O'CONNELL-RAYMOND: Next slide please. All right. So, we are going to talk a little bit about what we have done on the VDSS side with DMAS. Various methods of communications to our customers, to internal sources and our external entities.

So, we have been working with some joint broadcast messaging, where in conjunction with DMAS we have been sending out the same messages. They read everything that we have done. We go back and forth to make sure that we are on the same page. So, we have pretty consistent messages that go out to the local agencies regarding the unwinding and what's going to be effective. In conjunction with that, that's my favorite word this evening, apparently, we have been having joint monthly unwinding virtual meetings. We are having one, actually, next week. And that's for all the local agencies to talk about the unwinding process. And part of that is pointing them in the direction of different resources, scripts, unwinding toolkits, different things so they can be prepared for what is getting ready to occur. Because if you think about it, no reviews in three years. You have staff that have never done reviews. This is going to be an undertaking. So, they need to have resources that are available to them.

And we have been putting together jointly with DMAS a list of frequently asked questions of what they can expect, scripts so when people call, that they are ready for those calls and can direct them to the right resource. We have often been

putting together with DMAS unwinding guidance and advice of what steps that the individual or person needs to take to do the redetermination to clean up and prepare and develop some best practices.

So, a lot of that's going on right now. And then what can they do once we start renewals.

And then also VDSS has an unwinding portal that's, sort of, a one-stop shop that on our intranet and they have got an important message. We have got notes going back to the past three years of FAQs and best practices, different presentations, recordings, anything they could want is right there. I actually was referencing it the other evening and looking back on notes from 2021. So, it's a good tool and it's out there for our internal staff.

Next slide, please. So, on the public side, we have also been trying to prepare everybody for the unwinding. So, we have undertaken with DMAS some social media messaging on different social platforms, like Facebook and Twitter. And I have seen those things out there myself. Nobody ever wants to enter into a conversation with me because I'll tell them about it.

But we have also got the portal where people can apply for almost every kind of assistance except for our auxiliary grant. There's important information about the public health emergency and unwinding and that's been there since November 22.

And then on our public website, which is pretty easy to remember, the www.DSS.Virginia.gov. There's messaging there and important tools for the public regarding the unwinding and the resources that are available to them.

So, with that, we have been working with DMAS to issue joint press release. So, that's almost ready for public viewing and will be out shortly. And then we have been partnering with the Virginia Association of free and charitable clinics. And we have to address, you know, if someone does not complete their renewal, perhaps, they aren't eligible for assistance any longer because they are over the income limits and they need to have tools that are available to just refer people to those. A good resource is the freeclinicscare.org address you see right there that has a plethora of resources for individuals that need assistance with healthcare out in the community.

So, if someone is no longer eligible for Medicaid, then they can go there. I think they will talk a little bit later about the referrals to the healthcare marketplace that occur. But there are tools out there to address this when it occurs.

Next slide, please. And so this is a flier that we have been working on. And I am just focused on the orange column,

because we are talking about medical assistance. And if you go to the very bottom of that, you will see an address on the intranet, the DSS Virginia.gov/benefit.changes that you can go to and there are resources there regarding the unwinding, different toolkits and things are available. I would also like to mention and it will get mentioned later on, go to the Cover Virginia website. They have excellent toolkits, resources for individuals and providers that you can help prepare people. I can't say enough about the website. It's very helpful. I always refer to it when I am looking for something.

Next slide, please. And just to let you know a little bit about what we have been doing internally, I say internally, but I am talking about regionally and statewide, we have been providing trainings for staff regarding how to do redeterminations. But we have also done a lot of training for them just on the Medicaid program. Agencies have seen a high turnover. So, you have a lot of new staff. So, they have done program training. But we have especially put on this redetermination or renewal training for them, one targeted to new workers, one targeted to more seasoned workers. And then we have been doing subject matter expert webinars where we are providing them an opportunity to interact with the regional consultants and the home office consultants and staff from DMAS regarding questions they might have about the renewal process and what to expect.

Because, remember, we haven't done them in three years. And if you don't do it, sometimes you forget how to do it. So, we are trying to make sure they are up to day on policies, procedures and as things come through, we are trying to make them aware of it, because they have done a lot of changes to the system, a lot of things have been updated and streamlined to make this easier, not only for the individuals that are having to complete the renewal, but also the staff that are trying to process them. So, that gives you some of the different things that we have done internally to help prepare people.

Definitely we have got something that we worked on with DMAS that is procedural guidance and awareness of what's going on, because this is going to be a big undertaking and we all need to work together. And I believe that is my last slide. And I will turn it back to Natalie.

>> NATALIE PENNYWELL: Katie can keep up with her slides.

Outreach, engagement and communications. So, now you understand all of the contexts for where we are. Let's talk about some of the tools and resources at your disposal for use while you are navigating this process. So, we have three phases

when it comes to outreach, engagement and communication. We have phase 1, that has updating contact information. Phase 2, which is completing the renewal process. And then phase 3, which is what happens if you have lost coverage, what are your next steps. How can you be reconsidered or redirected as necessary.

So, let's go to the next slide. Thanks, Rebecca. In this one you will see we are starchy in phase 1. We started this at the beginning of 2022. We created resources and tools and we are going to review a couple of those resources so that you will be familiar and aware about using those. But the first phase really is encouraging the update of information. We will say that you will hear any partner that is in this spectrum, that is doing this kind of work, reinforce the absolutely need for updated contact information. Because we can't effectively do 2 and 3 if we do not have updated contact information.

So, you will see that phase be pervasive throughout the entire time period because we need it first. We need that to take place and we need all of you in order to do that successfully.

The second one is making sure they, actually, complete the necessary paperwork is sent to them. When we get into questions and some of the things that have come up, some questions have been around what is the process, when they are going to receive this information. How long will they need. Will they have in order to, actually, complete it. And we will get into some of those answers but it's really important that in that process, once they have, actually, received that for those who don't successfully complete ex parte, we want to make sure that they understand that they need to give it back to us. They have to return it back to the resource, to the source in which they received it from.

And making sure that they complete it, that they have the support and the mechanisms in place to do that. We have done, I will say, VDSS, DSS, LDSS, MCOS, all of the different components of everyone is really helping and support to making sure that our members have access to the resources needed in order to do this successfully.

And then you get into phase 3. Really about encouraging those who have lost coverage for any administrative reason. To, again, do the thing that wasn't done in phase 2 or to make sure if they have had a wonderful life event, they have had a change in their income for the better, they have had promotion, different things have happened, that, hey, over three years, a lot of things can change and sometimes they change for the

better. And you are no longer in need of Medicaid. How can we make sure that redirect you to the resources that you have at your disposal nor to maintain coverage of whatever kind that you would like since you no longer are eligible for Medicaid in and of itself.

Next slide. So, what have we done so far? what are some of the things that are taken place as far as the outreach, communication spectrum. When you talk about members and partners, some are similar and some have been different. For our members we have created and made sure that our partners have access to digital ad campaigns as well as them directly having some digital ads exposed to them in different modalities. Social media campaigns, Cover Virginia websites have been updated. And then the VDSS as well as our main DMS -- DMAS website have been updated and redirects to Cover Virginia because that's where we house the majority of our member-facing documents and information. Toolkits have been created for providers, partners, stakeholders as well as our members in order for them to understand how they can receive information, what particular materials they can, actually, have access to. We have mailed member fliers and posters to LDSS Department of Social Services office as well as our community service boards. We plan on doing the same for phase 2 and 3 materials once they are available.

Translated documents into six additional languages outside of English. And that is just to make sure that as people would like to receive this information, it's easy for them to, actually, do so. We continue to work with other partners and if you find that there is something or a language we have not translated to and it's a great need, have a conversation with us, but we always have additional resources through Cover Virginia that can address that need as well.

Providers have been given memos, informed our health plans, worked with our health plans to better understand what their needs are. We have also held virtual meetings and in-person meetings with partners, with navigators, organizations, sister agencies, we have done these things, as well as we have hosted these town halls in order to make sure that we are having a conversation about what this process looks like, that we understand what questions we are receiving, that we give you answers to the best of our ability or we make sure we have pathways to resources or additional subject matter experts so you can get them addressed.

Next slide, please. So, our toolkit, our toolkits looks like this. You have the phase 1 toolkit which you have the

orange bar. And then you have the phase green, the phase 2 and 3 toolkit which has a green bar. And you can find this on the Cover Virginia website. We just went through a refresh this weekend. It looks quite beautiful. It's very much in line with the suite of websites that we have here at DMAS. And on that website you will see at the top right-hand corner a return to normal enrollment link. You are going to click on that link. It's going to take you to a web page that talks about all things unwinding and return to normal renewal processes. And then you are going to on that same page, to the right-hand side, you will see a link that says toolkits and materials. And we want you to also click on that as well.

And that -- when you click on that, you will see the phase 1 toolkits at the top for just general stakeholders and CMO and then all the different individualized materials that exist within that toolkit broken out right under it. And then you will see phase 2 and the same thing, the same pattern follows that. Then you will see digital assets towards the bottom. We want you to make sure you navigate to that page if not tonight, tomorrow, so you get familiar with it and you can understand where to find your resources. Next slide.

Some examples of what exist in our phase 2 and 3 toolkit because we really want to highlight because we are in that season of now, is making sure you understand we also created something that helped to visualize what that process will look like. We thought it was very important to make sure people understand what is the responsibility of Virginia Medicaid. And Virginia Medicaid includes all of us that support this system within -- under the umbrella of Virginia Medicaid and what is the member's responsibility? This is a great visualization. It simplifies the process for our members and our stakeholders. We understand that it has some complexities in it, but for the most part, we want you to understand that when this takes place, this takes place thereafter or if you are sitting there and you are thinking, why haven't I heard back? Are you waiting for something or are we waiting on something from a member?

Understanding what that process looks like is really, really important.

You also have two subsequent materials and documents that go along with this that, kind of, spells this out in a written format step by step. And then sometimes truncates that information more. That's also attached to this document and available.

Next slide you will see examples of what our fliers and posters look like, as we start to go through all of the different

components, you really want to be able to pull a document and walk through it if you would like with a member what is it that's being expected of you? What are you waiting for? What should you know? And when we say 12 months, because not everybody is going to be able to go through a renewal process at the same time, it's important that they know if you have updated your contact information and you are just waiting to hear from Virginia Medicaid, what does that process look like? What are those expectations once you actually receive that renewal packet, if you see one and then how can you be proactive about making sure you check the things. Posters are the same and make sure they have the information. And these are the six other languages that we translate our documents into for readily available use.

Next slide, please. So, we have gone through town halls and I need to check off the three that we have done in the last two days. So, we completed the housing town hall yesterday, as well as the housing -- the advocates and community leaders. And then this evening we are hosting the home health associations. And then next week, on Monday, we have two. We have nursing facilities during the day and then we have a general one that's just open to any and everybody in the stakeholder family that would like to join us and learn a little bit more, ask some questions if they haven't already been answered.

We also have on our website, if you scan the QR code it will send you directly to the DMAS website and town hall page where you will see that the recordings from I know at least last week have already been posted. And the ones from this week should be posted before the beginning of next week.

We want you to go there, listen. If you are joining multiple one of these, which we also encourage, it is always good to listen to see if a question that you had was already previously answered. And if it was, yea, but if you also listen through them and you find a couple of questions that weren't answered, then attending one at a later date is also helpful in order to understand how you can make sure you get all the information that's necessary.

We also find that at these town halls just understanding and seeing your community, right, so when we have these different stakeholder groups, we look at it and say oh you have the home health associations, they are all here, they have similar questions. They are thinking along the same stream of thought. So, sometimes pooling those questions have been really, really helpful for some of those stakeholder groups.

I will tell you that the medical providers and Medicaid

advocates found it to be tremendously useful. The housing one that we had yesterday was a really good one that had some really very poignant and specific questions to the housing community and how this process is going to affect them. We are hoping tonight as home health associations you will also provide some questions that will be really helpful to you as an overall group.

Next slide. What are we asking for? What are the takeaways? How can we use your support? Really first and foremost, you have to remember that Medicaid renewals begin this month. It is not something that is off in the ether somewhere. Not something that's happening down the line. It is happening this month. So, that means that some members will start to receive paper renewal packets in the mail. And when they receive them, going to drop down to how you can support Virginia Medicaid and say that we need to make sure that they are actually completing those packets, that you have the support that you need in order to do that. And you understand what those support mechanisms exist.

Like we have the Virginia Healthcare Foundation that offers project connect outreach workers that do nothing but support our members to navigate through packets. So, they are there, they are available. We want you to utilize some of those resources. And they are highlighted in our toolkits as well. This is a 12-month process, right? Not everybody is going to go through this all this month. Goodness, could you imagine our systems would implode on itself.

But we want to make sure you understand that this is going to be a staggered approach. And since everybody won't be redetermined at the same time, updating, again, dropping back down to how you support the Virginia Medicaid system, making sure they update their contact information will ensure in this staggered approach that as they are waiting to receive their information, they, actually, do receive it.

Katie is going to give you key points what it means once it is in the mail. And for us making sure you circle back to us, provide the feedback to let us know is this useful, is this something that you're finding tremendously helpful from your process of understanding and support but also, but also in our members' process of receiving that support.

We want to better support you as you support them because at the end of the day they are the most important factor in all of this entire process.

Next slide. So, again we want to highlight for you, how can you renew your Medicaid coverage? How can they go through the process? How can they renew their Medicaid coverage and

if we have community members this is directed pointed towards you. First is call the Virginia call center. Our teams have done a tremendous job of making sure this call center is staffed and have all the support you need. They can answer questions. They can walk you through -- they are a tremendous asset. So, please, the first thing, the first step that we have in place is call Cover Virginia.

The second one is common help. If you want information about what's going on yourself, log into common help, go through the system. Now, if you need additional information about how to access your access your common help application and other thing, I'm going to leave that to Katie to explain in our question-and-answers component. Oh, but the -- that's the next thing that we need to do.

The last thing that we offer is in-person, making sure you visit your local Department of Social Services. This is Natalie speaking because I do outreach and engagement and I have a soft spot for all of our staff and team members. If you're going to go that route, if you're going to be approaching our staff and team members at VDSS, please do so with grace and mercy. This is a new process for all of them. And as they are learning, they are going through trainings, they are trying to make sure they manage everything. They are trying to give the best possible customer service to all of our members and we often say, they can be kind when they are met with kindness. And kindness and understanding.

So, we want to Mick sure as -- make sure as you're navigating that particular component that you do so with grace and mercy and understanding. And then you circle back at the appropriate times, the appropriate avenues. If you are finding that you are having any issues and Katie can definitely address what that may look like for some of our team members as they are going through this process and those staffing levels. But those are the three ways in which you can go through the process of, actually, renewing the Medicaid coverage.

We also encourage you and invite you to visit Cover Virginia often, the plethora of different information there. There's lots of different things to support, understanding and navigating through the process. There also is avenues for getting in contact with subject matter experts that also can take -- give you a lot more in-depth context for what you're looking for, if necessary.

And then the last slide is just appreciation and thank you for all the work. We have a lot of partners that are in this Virginia Medicaid ecosystem and we want to thank not only them,

but you for helping with that. We are going to open this up at this time and invite our subject matter experts to come on camera and come off mute so they can introduce themselves.

So, as we start to jump into these questions that you all have either submitted now or before, that we can do that. I know I see a couple. Victor, if you can come off mute, and if you can't on camera, to introduce yourself in your role and your agency.

>> Yeah, I'm Vic grant, senior policy analyst the department of Medical Assistance Services and I support the eligibility and enrollment systems.

>> NATALIE PENNYWELL: Thank you. I think I saw Tiaa. Is Tiaa here? And I think I see Nichole Martin.

>> TIAA LEWIS: I am, Natalie. My camera is not functioning properly right now. But good afternoon. My name is Tiaa Lewis. I am the division director for program operations. So, basically, provider and member services is what my group focuses on.

>> NATALIE PENNYWELL: Okay. Nichole, do you want to introduce yourself?

>> NICHOLE MARTIN: Sure. Good evening. I'm Nichole Martin. I'm the director of the Office of Community Living and we oversee some of the waiver programs.

>> NATALIE PENNYWELL: Wonderful. Am I missing anyone? Let me know. Didn't see Bill. Didn't see Ann. I think that's everybody.

With that said, we will go ahead and jump right into questions. And the first one that I have is, could you -- and this is probably a Victor question, could you explain the timeline for receiving renewal packets, how long they have to complete them, if they are going to be in danger of losing that coverage, how much notice they will receive, and then what's the grace period if they have lost coverage?

>> VIC GRAND: We are going to use the sustained renewal processes that we have, well, we have for years, and that is when the renewal packet comes out, the expectation is it should come back within 30 days and then the worker has 30 days to process to the renewal.

If they are denied for, and probably the most often the biggest thing people get denied for is failure -- we call it failure to provide. There's documents or verifications that are needed. We can't get those electronically, and especially with -- since these are home healthcare agencies, a lot of these members will be ABD. So we maybe needing now new resources to get those updated.

If they are denied, there is a period of time to allow them a grace period to get that information in. So, we don't want to have any people being denied and then having to reapply.

>> NATALIE PENNYWELL: And Victor, what is the time period for the grace period? Is it 60 days? 90 days?

>> VIC GRAND: Yeah, its a 60-day period.

>> NATALIE PENNYWELL: And follow-up question not to that one but along the same shrines, does the renewal process differ for recipients who have turned 18 since their last renewal before COVID-19?

>> VIC GRAND: , could you repeat that question again?

>> NATALIE PENNYWELL: Does the renewal process differ for recipients who have turned 18 since their last renewal before COVID-19. During COVID they became an adult. What does that process look like, what's the difference? That's the question?

>> VIC GRAND: Every member is going to have to renew. So, if they were 16 when they were last renewed, let's say in 2021, and -- or 2020 and now they are 19 or 20 years old, they are going to have to renew and those are especially important that we get their information because more than likely they are what we call age categories, what coverage they are eligible for is probably changed. So, there's no. There's really no one that was not going to be touched or renewed or have their case reviewed.

>> NATALIE PENNYWELL: Awesome. Another question and think may be open to all of you are SMEs, but what documents will be -- may be requested when renewing and reviewing for the renewal process? What different things should those community members be on the lookout for?

>> VIC GRAND: You want me to take that one?

>> NATALIE PENNYWELL: Yes, Victor. Yeah.

>> VIC GRAND: As is mentioned before, during March we are going to do what's called ex parte or no touch processing, which the worker will attempt to gather information electronically. Since we are talking here to home health agencies, probably most of these members will be age, blind or disabled. If their renewal is sent to them, probably the biggest things will be income that we can't get electronically. We can get more Social Security income electronically. But if they are receiving a pension or they have earned or other earned or unearned income where they can't gather that, like through the work number or electronic processes, they will be asked for that income.

The other big one is going to be resources. So, those are things like financial resources, such as the bank accounts or credit union accounts, life insurance with cash value, you know,

vehicles, so any of the resources that they have had before. And that's probably going to be the biggest challenge is members haven't had renewals in three years and we know a lot of things will have changed and they might not be sure what they need to provide.

So, we have been telling everyone, be on the lookout, if you get a renewal, make sure you read it over. If you have questions, ask. But make sure that you do return the necessary information so they are not denied and coverage closes.

>> NATALIE PENNYWELL: Awesome. This may be a Tiaa question, but will MCO care coordinators or case managers be equipped with all the resources that they need in order to support members during this process? And if they will be equipped, what could be -- what are some of the things that they should be on the lookout to access?

>> TIAA LEWIS: I can start answering and if Nichole Martin hears me not giving enough information she will chime in. The answer to that question is, yes, we are currently partying and coordinating with our managed care plans to ensure that they have informational packets, so to speak, across the board, so they will have the tools that they need to make sure they are there to support the members and provide correct direction and, obviously, assistance in this process.

Nichole, is there anything else that you wanted to add?

>> NICHOLE MARTIN: No, Tiaa, I think you covered it. Thanks.

>> NATALIE PENNYWELL: Another question would be -- I don't know if this is applicable to right now. But maybe more of a question that could be answered through one of the resources on our website. But if you are a home health agency, how can you get referred clients during this time? Is that information they can find on our website somewhere?

>> NICHOLE MARTIN: This is Nichole. Yeah, so, if you're a home health agency and you are looking for clients, make sure your local social services has your information, so when they are doing screenings, they know that you are an available provider.

>> NATALIE PENNYWELL: Awesome. And another follow-up to that would be, how are home health agencies able to connect with social workers and case managers as they are navigating this renewal process time period?

>> NICHOLE MARTIN: I can speak to the care coordinators, case managers. If you are the members that you are providing services to have either support coordinator on the DD side or a care coordinator with the managed care organizations, you

should be able to have the information for who that person is. I don't have the specific information on how you find that out. But we can -- we will put that information on the website when we put all the questions together.

But there is a way for you to know who their care coordinators are.

>> NATALIE PENNYWELL: Okay. I couldn't get off mute.

So, for the different waivers, how will they -- where will they go to find more information about which ones will be in place, stay in place, which ones will be shifting and changing due to this renewal process, if that's the case at all, and then how -- who would they connect with to ask more in-depth questions about those different waivers?

>> NICHOLE MARTIN: So, the waivers aren't changing as a result of this process. So, you know, the only thing that may happen is if the person is no longer eligible for Medicaid, then there might be a change for their eligibility. But the waivers are not impacted directly by this eligibility renewal process.

>> NATALIE PENNYWELL: Follow-up will be impacted by the ending of the public health emergency in May?

>> NICHOLE MARTIN: When the public health emergency ends, there are a couple of flexibilities that are still out there that we are doing. They will not go away until six months after the end of the public health emergency, which is November. We will put out a lot of information about that before those flexibilities end.

>> NATALIE PENNYWELL: All right. So, will redemptioneer affect those who are currently in -- I don't know if this is applicable for Medallion 4M CCC plus the same way or is it going to be differently? Does anyone want to take that question on.

>> TIAA LEWIS: I'm sorry. Repeat the question again, Natalie.

>> NATALIE PENNYWELL: Will the redetermination affect CCC plus programs or Medallion 4 programs in the same way? Do they need to check the redetermination for those individual plans separately? And I don't know if that's still -- well, yeah.

>> TIAA LEWIS: The eligibility is to any program member. Not program driven. Try to find the best way. When eligibility is determined, you are assigned a program. So, there is a possibility, if the member currently has CCC plus or Medallion 4, they may be affected by this process. We are looking at Medicaid population as a whole and not by individual program type.

Does that answer the question?

>> NATALIE PENNYWELL: I think so. And if that person is

here, they can definitely submit an additional follow-up question, if it didn't.

>> TIAA LEWIS: Okay. Thank you.

>> NATALIE PENNYWELL: You're welcome. Not a follow-up but a separate question is, will the billing process change if someone is deemed to be ineligible in the middle of this process? So, if -- how would the billing process change for those who are found to be ineligible?

>> TIAA LEWIS: The changes to the billing process will be that if the patient is ineligible, then, obviously, you wouldn't be able to receive payment for those services. So, as far as how you currently bill us today, that won't change. The process in which you deem someone to be eligible for Medicaid, today you probably are checking eligibility. But I'm sure providers and billers are confident with the fact that those members' eligibility has not changed. Going forward you must make sure that you check the eligibility of the member.

As far as the billing guidelines that are in place, they will remain, but, obviously, if the person loses their eligibility, then, you know, reductions or change in coverage will happen.

Keep in mind most people are made eligible for Medicaid on a month-to-month basis and Victor can correct me on that. So, if you are worried the services are being rendered and you verified that Tiaa Lewis had coverage for the month of June and you bill June, more than likely, unless there's a life-changing event, that person's coverage will remain in effect for that month that you intend to bill.

>> NATALIE PENNYWELL: Sorry. I was trying to pull the question and I couldn't see it.

So,.

>> May I ask a question?

>> NATALIE PENNYWELL: Oh, you can submit it in writing.

>> NOSHERWAN: Okay.

>> NATALIE PENNYWELL: It's easier for us to pull it that way so we can make sure we keep up with the question in and of itself.

Okay. Here it is. Can a parent still work for their children as a caregiver? Would that change any for the redetermination process? I don't know about the workforce. I don't know if that question can be answered here. But the first one, yes.

>> NICHOLE MARTIN: Yeah. So, this doesn't impact -- well, let me rephrase. Parents are able to continue to provide reimbursed care for their children through November. It is a

flexibility. We are working toward making this permanent. We are working with CMS on what needs to happen in the way of the rules for parents to continue this. But, yes, definitely all the way through November 11th.

>> NATALIE PENNYWELL: And redeterminations, and this is a Victor question, applies to all covered groups, includes children and adults alike, correct?

>> VIC GRAND: Yes, that's true.

>> NATALIE PENNYWELL: Are there any covered groups that this process will not touch or will not impact?

>> VIC GRAND: I can't think -- go ahead.

>> KATIE O'CONNELL-RAYMOND: If someone is pregnant, then they get coverage without a renewal, you are not allowed to decrease their coverage once they are determined eligible as pregnant. And then they get postnatal coverage for a set period of time.

>> NATALIE PENNYWELL: Okay. And Victor, did you want to piggy back that or --

>> VIC GRAND: No, no. Katie nailed it.

>> NATALIE PENNYWELL: Oh, okay. And this is a Katie question. Any suggestions or guidance as they navigate connecting with connecting with LDSS staff person?

>> KATIE O'CONNELL-RAYMOND: why, why that question? That being said, you know, if someone is having issues connecting with the local agency assigned worker, I am putting it out there that if you are calling on their behalf, just know that without a consent to release information, the local agency can't give you any information, because we can't break HIPAA code because that is personal information.

If they are trying to call and they are not successful, then what I would suggest is, perhaps, they can contact Cover Virginia. Cover Virginia will send local agencies memos that get downloaded. Also reach out, and I hate to say this, if they can't reach the worker or the worker is not returning their call, then ask for their supervisor. I hate to say that because I have been a supervisor and I don't like getting those calls but I like to know when people aren't returning calls. That's the best I can say.

A lot of agencies also have where the workers are available by email. But same thing will apply. You know, if you are calling me regarding an individual that's enrolled in Medicaid, I need to know that I am allowed to speak to you or to give you information. So, just keep that in mind.

>> NATALIE PENNYWELL: I don't know who can answer this question but where would they find information on how to become

an authorized representative?

>> KATIE O'CONNELL-RAYMOND: That's, actually, pretty easy. You can -- it doesn't have to be anything fancy. I could handwrite a statement and say, I authorize Victor grand to be my authorized representative for purposes of applying for Medicaid. You can also be a power of attorney. There's a page on the actual application. If you go to the Cover Virginia website, and I can't remember what appendix it is, there's a page where an individual can indicate who they want to be their authorized rep. We usually would get those from application sisters that are out there. That would be applicable, too, if somebody just wanted to designate one of their providers or someone else, they could use that as a tool to be an authorized representative.

The agency just wants something knowing that they are allowed to speak to you and not break HIPAA rules.

>> NATALIE PENNYWELL: Awesome. I think that covers all of our questions thus far anyway. You know how we like to get them while we are doing wrap-up statements. So, I'll turn to each one of our subject matter experts and I like to make sure they have -- if they have any takeaways that they be given an opportunity to give them. I will start with Nichole Martin. Do you have any takeaways for our group today that you want them to make sure they leave with an understanding of?

>> NICHOLE MARTIN: Yeah, I think the most important thing is checking eligibility prior to providing services. At the beginning of the month like we have been seeing, I think that's going to be really important for you to make sure that you are able to go for the services that you are providing. And it also gives you a clue on whether or not there is an issue with the individual, if they haven't returned a packet so you can provide some support there.

But checking eligibility is one of the number one things that we would like for you to continue to do.

>> NATALIE PENNYWELL: All right. Tiaa, do you have any additional takeaways?

>> TIAA LEWIS: No, I don't. I agree with Nichole's takeaway, for me, that's the most important aspect, is checking eligibility.

>> NATALIE PENNYWELL: Awesome. And what about you, Victor?

>> VIC GRAND: Yeah, I posed it as a question. And that is you may run across members whose patient pay has increased. What the policy was during the public health emergency is if patient pay had been reduced, it was not to be increased. We

know we have had, you know, cola increases, income increases, changes in households, people have moved from home to facilities. So patient pay we know may have changed. And if they have questions, they do need to reach out to their local worker, and as Katie mentioned, or to the supervisor.

>> NATALIE PENNYWELL: Awesome. Katie, do you have a takeaway that I want to leave everybody with?

>> KATIE O'CONNELL-RAYMOND: My biggest takeaway and I have perfected this now on our fourth or fifth session is when you are talking to the individuals that are your patients or customers, please make sure you advise them to look at their mail, look to see if they are getting any mail from Cover Virginia, who might be handling their case or the local agency or DMAS.

If someone doesn't go through the ex parte renewal process, which for this group would be the age blind and disabled and there is a resource test so they are not going ex parte and be automated unless they are an SSI individual with no countable resources, they may get a checklist asking for verifications. Make sure they look at the checklist to see what they need to return. It's very important that they look at their mail.

So, in conjunction with that, see, I brought that word back in, if you are a provider, please make sure that you have submitted a DMAS 225 to the agency to indicate that the person started care. Over the past three years, agencies have enrolled people based off of screening for care. And generally we would give them 30 days, once we have enrolled them, and then we would re-evaluate them if we didn't -- if they didn't have a provider.

So, in that three years, maybe a 225 was sent, maybe it wasn't. But make sure that a 225 has been sent if you have someone that's in your care. Because when they start doing renewals, the local agencies are going to have to do some research to see if someone is receiving care under the long-term services and support categories. And if they have a current provider. So, that's my most important thing.

>> NATALIE PENNYWELL: Thank you. And as always, they sneak in a couple more questions as we get to the end. So, one is, will electronic signatures still be accepted and collected after?

>> KATIE O'CONNELL-RAYMOND: I can speak to that, because I know we have been having conversation on our end. One of my teammates went to a meeting at DMAS and they are trying to work with CMS to get them to allow to continue the verbal authorization or that form that I know they are referring to.

I can't think of the official name. But they haven't gotten it officially. So, they are working on that but there hasn't been a decision yet.

>> NATALIE PENNYWELL: All right. And then will you say -- I think this is more of a niche question so I think we are going to add that to our FAQs. And this one is -- let's see. Okay. For parents, are they able to utilize both respite and personal care hours if the person is still deemed eligible?

>> NICHOLE MARTIN: If we are talking about parents being reimbursed, then parents can only be reimbursed for personal care, not respite.

>> NATALIE PENNYWELL: Thank you, Nichole.

And got that one in. Got that one in. Got that one in. Got that one in. I think I got them all. Okay.

All right. So, we first and foremost thank you all so much for all that you do, all that you continue to do, all the help you continue to provide to all of our members. I absolutely understand and know that for you, it is frontline work, we know sometimes it can be thankless. But we see you, we understand, we hope you are empowered, that you have the resources that you need in order to do the hard work that's necessary. Our directors, the Commissioner Vula as well as Director Roberts often will say, and they both understand that at the end of the day, the most important component and factor to this work is our members and providing that quality care through your work is really important. However we can help you is contributing to that process. We thank you this evening. Please attend any other ones that you deem necessary. Submit any additional questions that you may have through Cover Virginia at DMAS.Virginia.gov and we hope to see you soon. And if you have any parting words or feedback you want to drop in the chat, please do so on your way out. But we thank you for the evening and please have a wonderful one. We want to make sure we got you out of here in an hour. Thank you again, all of our subject matter experts, as always, and all of our behind the scenes staff and team members for helping today. All right. Y'all have a good one.

(Session was concluded at 7:00 p.m. Eastern Time)

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