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Virginia's Medicaid Program

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Children's Health Insurance Program
Advisory Committee of Virginia

VIRGINIA'S MEDICAID PROGRAM
DMAS

Meeting Minutes
March 6, 2025

A quorum of the full Committee attended the in-person meeting. A Microsoft Teams link was made available for members of the public to attend virtually.

The following CHIPAC members were present in person:

- **Freddy Mejia (*Chair*)** The Commonwealth Institute
- **Sarah Stanton** Joint Commission on Health Care
- **Jennifer Macdonald** Virginia Department of Health
- **Amy Edwards** (substitute) Virginia Department of Education (DOE)
- **Melissa Terrell** (substitute) Virginia Department of Social Services (VDSS)
- **Joanna Fowler** Virginia Health Care Foundation
- **Laura Harker** Center on Budget and Policy Priorities
- **Emily Moore (*Vice Chair*)** Voices for Virginia's Children
- **Dr. Susan Brown** American Academy of Pediatrics (VA Chapter)
- **Sarah Bedard Holland** Virginia Health Catalyst
- **Victoria Richardson** Virginia Poverty Law Center

The following CHIPAC members were present virtually:

- **Kelly Cannon** Virginia Hospital and Healthcare Association (Reason A2)
- **Hanna Schweitzer** Virginia Department of Behavioral Health and Developmental Services (DBHDS; Reason A3)

The following CHIPAC members were not present:

- **Kenda Sutton-EL** Birth in Color RVA
- **Tiffany Gordon** Virginia League of Social Services Executives
- **Heidi Dix** Virginia Association of Health Plans

I. **Welcome and Announcements.** Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:01pm. Mejia welcomed Committee members and members of the public and explained that the virtual meeting would be recorded. Attendance was taken by roll call.

II. **CHIPAC Business**

A. ***Review/Approval of Minutes from December 12, 2024, meeting.*** Emily Moore introduced a motion to approve the December minutes, and Sarah Bedard Holland seconded. Minutes were approved at 1:06pm unanimously.

B. ***Committee membership updates.*** No updates.

C. ***Other business.*** Mejia introduced the new CHIPAC logo, in honor of CHIPAC entering its third decade.

III. **DMAS Director's Update.** Mejia introduced DMAS Director Cheryl Roberts, who reiterated the importance of covering children robustly even amidst federal funding uncertainty. Roberts remarked on renewed federal emphasis on accountability and noted alignment with CHIPAC's role ensuring accountability for children's Medicaid/FAMIS health coverage in Virginia. Mejia thanked Roberts and emphasized the Committee's commitment to monitoring federal changes and continuing to recommend improvements to children's health coverage in this new atmosphere.

IV. **2025 General Assembly Session Updates.** Will Frank, Senior Advisor for Legislative Affairs, reminded the CHIPAC of DMAS's role in legislation: to monitor, review, and provide feedback to the Secretary of Health and Human Resources and the Governor for bills and budget language. DMAS makes position recommendations, communicates the Governor's position, and provides expert testimony and technical assistance to legislators.

Roughly 3,000 bills are introduced each session. This year DMAS was assigned 42 lead bills, of which major topics included new Medicaid benefits, maternal health, waiver issues, and pharmacy benefit changes. New benefit proposals included telemedicine, doulas, violence prevention, remote patient monitoring, and recovery residences. The Governor is reviewing legislation, and the GA will reconvene on April 2.

Mejia and Moore asked about bills pertaining to benefits for pregnant members (dental benefit and doula services). Frank and DMAS experts explained that these bills aimed to codify and/or expand existing state plan benefits.

V. **Medicaid/CHIP Youth Re-Entry Initiatives.** Hope Richardson, Senior Advisor to the Chief Deputy Director, outlined DMAS's strategy for implementing new Consolidated Appropriations Act of 2023 requirements to provide certain medical and behavioral health screenings, diagnostic, and case management services to eligible juveniles in public institutions (both pre-release and immediately post-release). Services will be handled through Fee-for-Service pre-release, with a warm handoff to the juvenile's Managed Care Organization following release. DMAS is coordinating with Virginia Department of Juvenile Justice and Department of Corrections to assess the current-state baseline for providing services and creating a crosswalk to clarify and fill gaps.

State Medicaid agencies are responsible to implement these new legislative mandates. CMS and national partners have provided opportunities for cross-state technical assistance for Medicaid agencies and carceral entities. Virginia is ahead of some states, since it has existing systems that can help to identify eligible individuals.

While initially a small number of youths will be impacted, this work will create and enhance systems and relationships that can lead to further improvements. DMAS was awarded up to $5 million over four years in federal planning grant funds to support administrative efforts

(e.g., developing state plan amendments and required documentation), and received state authority during the 2025 General Assembly session to enable appropriate data-sharing (companion bills SB870 and HB2754).

Next steps for implementation include onboarding new contract positions, executing data sharing MOUs with partner agencies, visiting facilities, training providers/partners, and developing subject matter expertise for population-specific needs and to provide technical assistance. The new targeted case management benefit will likely be managed via local Community Services Boards. Enrollment and billing may take time for carceral providers who are new to Medicaid/FAMIS.

Dr. Susan Brown commented that given much can fall through the cracks with this population, the warm handoff to MCO providers and care coordination will be critical, and training will be needed to maximize these interventions' effectiveness. This has been a challenge in all states. An example includes guardianship changes, which may occur frequently among this population (e.g., the child may start their justice involvement with one guardian, but another may manage their re-entry process).

Richardson noted DMAS is not trying to replace existing DJJ efforts (especially those currently geared toward behavioral health) but working to supplement them, with the caveat that services are limited to those reimbursable by Medicaid/CHIP, which may not include all the services DJJ provides during re-entry.

VI. Evaluation of Medicaid Eligibility Determinations: Report Findings. Sarah Hatton, Deputy Director for Administration and Coverage, and Jessica Annecchini, Senior Advisor for Administration, provided an overview of the December 2024 General Assembly report authorized under HB30 (Item 292 HH).

Key findings included:

1. Poor applicant experience with less digital, more manual processes;
2. Outdated and inflexible technology systems;
3. Insufficient governance structures across DMAS, VDSS, and LDSS; and
4. inconsistency in eligibility processes and poor timeliness of applications.

While Virginia's integrated, no-wrong-door eligibility system gives some flexibility in how to apply, it also introduces opportunities for an application to potentially become delayed. From the report: The Virginia Case Management System (VaCMS) is based on a "…legacy, monolithic infrastructure…" Additionally, while Virginia's Medicaid/FAMIS programs have grown significantly over the past eight years, the number of LDSS employees (who must determine eligibility at the individual level for Medicaid/FAMIS) has remained largely unchanged.

Strategies and options for improvement from the report included:

1. Redesign and improve user experience;
2. Invest in an improved technology ecosystem;
3. Develop stronger governance model across DMAS, VDSS, and LDSS; and
4. Drive consistency of accurate and timely processing.

Annecchini and Hatton requested the Committee's input on which of the 27 recommendations from the report should rise to the top as priorities. The complete report is publicly available at rga.lis.virginia.gov/search; "Evaluation of Medicaid Eligibility," published December 2024. Mejia asked whether statutory authority exists to follow up on recommendations. Annecchini responded that the results of the report are public and that an internal DMAS evaluation group will be formed and, pending appropriations language being included in the final state budget, will provide cost estimates for key recommendations. Annecchini offered for this group to present at a future CHIPAC meeting, and encouraged the Committee to review Section 8.2 (Strategies and Options) prior. Budget language also provides for a Steering Committee to assess and implement recommendations, which Hatton remarked would use the report as its framework.

Mejia asked how many other states utilize the county-based eligibility determination model Virginia does, where a local presence is maintained and eligibility decisions made at the local level. Annecchini responded that eight other states use this model, and that Virginia has 120 LDSS agencies (some of which have multiple offices).

Joanna Fowler asked whether some of the report's findings might be used as part of the discussion of overhauling Virginia's CommonHelp website. Hatton responded that this work is underway, and confirmed DMAS hopes to tie recommendations in where feasible (including user testing by Medicaid members).

Mejia asked whether it is clear what might be causing underutilization of the Cover Virginia Call Center. Hatton noted that Virginia's rate of paper application use, and correspondingly its rate of overdue application processing times, is too high. Annecchini responded that much of applicant decision-making is based on word-of-mouth from friends and neighbors, but that enhanced outreach and education may be helpful to encourage Call Center use. For example: the Call Center has Saturday morning hours but averages only 50 calls on Saturdays.

Emily Moore asked whether demographic data about those using the Call Center is being examined. Annecchini responded that some might be anecdotally provided by LDSS survey results, and that DMAS will go back and review this in greater depth. Melissa Terrell also noted that certain populations gravitate toward the paper application for logistical reasons (for example, those in state hospitals who also need an Auxiliary Grant, since CommonHelp will automatically deny people who are currently in state hospitals).

VII. Agenda for June 5, 2025, CHIPAC Meeting. This meeting will be virtual. Desired topics include the Evaluation of Medicaid Eligibility Determinations report follow up, and an update on the DMAS centralized mailroom that will go into effect this summer. Jen Macdonald offered that results from VDH's Title V needs assessment would also be available by that meeting, and Macdonald's staff would welcome an invitation to give an overview.

Moore suggested a federal update given the uncertainty and rapidity with which changes to Medicaid/FAMIS may move once federal changes are enacted. Members can reach out to Mejia, Moore, or Emily Roller to suggest items for the agenda.

VIII. Public Comment. There was no public comment.

The meeting adjourned at 2:54 pm.