



**Meeting Minutes
December 11, 2025**

A quorum of the full Committee attended this all-virtual meeting. The Microsoft Teams link was made available for members of the public to attend.

The following CHIPAC members were present:

- **Freddy Mejia (*Chair*)** The Commonwealth Institute
- **Jennifer Macdonald** Virginia Department of Health
- **Alexandra Javna** Virginia Department of Education
- **Hanna Schweitzer** Virginia Department of Behavioral Health and Developmental Services
- **Joanna Fowler** Virginia Health Care Foundation
- **Mary Brandenburg** Virginia Hospital and Healthcare Association (*substitute*)
- **Emily Moore (*Vice Chair*)** Voices for Virginia's Children
- **Heidi Dix** Virginia Association of Health Plans
- **Dr. Susan Brown** American Academy of Pediatrics – VA Chapter
- **Victoria Richardson, Esq.** Virginia Poverty Law Center
- **Martha Crosby** Virginia Community Healthcare Association
- **Dana Williams** Birth in Color (*substitute*)
- **Laura Harker** Center on Budget and Policy Priorities
- **Tiffany Gordon** Virginia League of Social Services Executives

The following CHIPAC members did not attend:

- **Sarah Stanton** Joint Commission on Health Care
- **Irma Blackwell** Virginia Department of Social Services (VDSS)

I. Welcome and Announcements. CHIPAC Chair Freddy Mejia called the meeting to order at 1:01pm. Mejia welcomed CHIPAC members and members of the public, and noted that the meeting would include a special, separate public comment period as part of the annual post-award forum for Virginia's Maternal and Child Health 1115 Demonstration waiver (FAMIS MOMS, FAMIS *Select*, and the 12-month Postpartum Extension). Mejia welcomed DMAS Director Cheryl Roberts.

II. DMAS Director's Remarks. Director Roberts noted that like other Executive Branch agencies within the Commonwealth, DMAS is preparing for the transition in administration in January. In addition, DMAS recently welcomed two new executive leadership team members: Dr. Greg Barabell, Chief Medical Officer, and Cheryl

Gallon, Deputy for Programs. DMAS has also completed “part three” of Cardinal Care transition, to carve in Psychiatric Residential Treatment Facilities (PRTF) into managed care.

Like other states, DMAS is anticipating its award amount for the new federal Rural Health Transformation Program (at minimum, the state will be awarded \$500 million over the 5-year project period). Roberts reminded the CHIPAC that these are not Medicaid dollars but may be of interest due to potential impacts to Maternal and Child Health.

DMAS is also hard at work preparing to implement other changes due to the federal *H.R. 1* legislation, including new work requirements and semi-annual eligibility redeterminations for Expansion members beginning in 2027. The state will seek input and assistance from community partners, including those represented on CHIPAC, as partnership is critical to success.

III. **CHIPAC Business:**

- A. *Review/Approval of minutes from September 4, 2025 meeting.*** Emily Moore introduced a motion to approve the minutes, which Joanna Fowler seconded. The minutes were approved at 1:18pm with Tiffany Gordon abstaining and all other members voting affirmatively.
- B. *Membership updates.*** Ben Barber has left his role at Virginia Health Catalyst, thus concluding his CHIPAC membership. CHIPAC will seek a potential new member with oral health (clinical or policy) experience.
- C. *Officer Election.*** Per CHIPAC bylaws the Chair shall be elected in odd-numbered years to serve a two-year term. Moore nominated Mejia to serve a second consecutive two-year term, and no other nominations were made. Mejia was unanimously re-elected for a second Chair term to begin in January 2026.

IV. **Virginia’s FY26 – FY30 Title V State Action Plan (Maternal and Child Health Services Block Grant).** Cindy deSa, MPH, MSW, LCSW, Maternal and Child Health/Title V Director in the Virginia Department of Health Office of Family Health Services Division of Child and Family Health provided an update on Virginia’s new State Action Plan. The Title V program is federally administered (HRSA Maternal and Child Health Bureau), via a funding formula based on state population and need.

States are required to create a five-year action plan. Virginia’s includes six domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, CYSHCN, and Cross-cutting/Systems-building. Each domain includes multiple initiatives that operate within VDH’s Offices of Family Health Services, Population Health, and/or Prevention and Health Promotion, among others. Title V programs braid funding with other Federal and State health initiatives, including Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Care Connection for Children, Family Planning, and other key federal investments.

Virginia has adopted HRSA's four pillars for its Title V program, and aligned its seven priorities under them: access (improve access through system navigation and coordination; utilize comprehensive upstream systems approach to impact outcomes); optimal health (promote mental health across MCH populations; strengthen behaviors to improve MCH outcomes); impact (advance collaboration, partnership, and community engagement to build trust); and capacity (enhance state MCH data capacity; maintain a capable MCH workforce). The state is required to work toward one mandatory performance National Performance Measure and can create its own State Performance Measures as identified in its needs assessment.

Key roles of the Title V office include building out MCH strategic direction; catalyzing data collection; and convening, collaborating, and partnering with key groups and stakeholders.

Mejia congratulated deSa on a successful inaugural Title V Summit held the week prior to the meeting and invited questions. Moore asked whether VDH plans to publicize progress toward Title V State Action Plan goals. VDH plans to increase its visibility, to include a website revamp and rebrand and pursuit of structured opportunities to share key updates and improvements.

- V. Implementation Update: Federal Interoperability and Prior Authorization Final Rule.** Angie Ekdahl, DMAS Senior Policy Advisor for Complex Care, presented an update on the CMS Interoperability and Prior Authorization Final Rule, whose provisions are aimed at reducing burden for patients and providers. DMAS published a new provider bulletin in December 2025 referencing the changes. Additional provider and member outreach initiatives are underway.

In addition to the Final Rule's Interoperability-related requirements (including development of multiple Application Programming Interfaces, or APIs), it shortens existing timeframes for Prior Authorization (PA) requests from 14 days to seven (standard requests) and 72 hours for expedited requests. DMAS and its contracted MCOs will also be required to publicly report annual metrics on PA requests and timelines.

Mejia thanked Ekdahl and applauded DMAS's transparency in reporting data via its website dashboards, while noting a new dashboard addressing churn.

- VI. Virginia's Maternal and Child Health 1115 Demonstration (FAMIS MOMS, FAMIS Select, and Postpartum Extension) Post-Award Forum.** Emily Roller, Senior Management Analyst in the Policy Division, gave an overview of enrollment in FAMIS MOMS and FAMIS Select, and provided an update on Virginia's 12-Month Postpartum Extension, as part of an annual required Public Forum for this 1115 Demonstration Waiver. Public comment was invited but none was made.
- VII. Committee Discussion: "Who is CHIPAC" Document:** The CHIPAC Executive Subcommittee oversaw creation of this document to introduce CHIPAC's charge and membership to the new Governor and Administration, to be shared by the Chair

shortly after the inauguration. The Committee did not provide suggestions for comments or changes.

- VIII. Agenda for March 5, 2026 CHIPAC meeting (in person at DMAS):** Moore inquired whether the Virginia Health Care Foundation's annual *Profile of Virginia's Uninsured* might be available in time for a March presentation. Joanna Fowler relayed that the report has been delayed due to the federal government shutdown and won't be ready in time for the March meeting, but could be a June topic.

Mejia offered that updates from the General Assembly session and/or initiatives introduced by the new administration could serve as topics for March. Fowler suggested an update on DMAS planning efforts for the *H.R. 1* requirements for Medicaid Expansion members (work/community engagement and 6-month renewals, in particular).

- IX. Public Comment:** Mejia opened the floor for public comment at 2:52pm. No public comments were made. The meeting adjourned at 2:53pm.