

**Medicaid Member Advisory Committee Meeting**  
**Department of Medical Assistance Services**  
*Via WebEx Videoconferencing*

**October 26, 2020 Minutes**  
**Approved by Unanimous Vote**

*Attendees*

| <b>Committee Members</b>      | <b>DMAS Staff</b>                               |
|-------------------------------|---|
| Catherine Childers            | Karen Kimsey, M.S.W., Director                  |
| Margaret Crowe                | Sarah Hatton, Senior Policy Advisor             |
| Sandra Hermann                | Janice Holmes (presenter)                       |
| William (“Hamilton”) Holloway | Ashley Harrell (presenter)                      |
| James Murdoch, Sr.*           | Laura Reed (presenter)                          |
| Elizabeth Noriega             | Terry Smith (presenter)                         |
| Lisa Richard                  | Judy Tyree (presenter)                          |
| *Denotes arrived late         | Steve Ankiel (presenter)                        |
|                               | Erin Wagner (presenter)                         |
|                               | John Stanwix (meeting convener and facilitator) |
|                               | Walter Burton (meeting organizer)               |
|                               | Beth Alexander (WebEx administrator)            |
|                               | Jesús Pérez (Powerpoint administrator)          |
|                               | Samantha Vrscak (prepared minutes)              |

**WELCOME AND CALL TO ORDER**

John Stanwix called to order this Medicaid Member Advisory Committee (MAC or Committee) at 10:07 a.m. on Monday, October 26, 2020. Due to the COVID-19 pandemic, the meeting was conducted virtually via WebEx. Mr. Stanwix thanked the Committee for joining the meeting. He introduced Beth Alexander to the Committee, who gave a brief explanation to the meeting attendees on how to use WebEx to participate in the meeting. Mr. Stanwix then introduced the DMAS Director, Karen Kimsey.

*Introduction by Karen Kimsey, M.S.W., DMAS Director*

Director Kimsey greeted the Committee and thanked the Committee for their participation in the virtual MAC meeting. She expressed that she enjoyed working with the Committee, and thanked the DMAS staff members for their roles in organizing the meeting. She noted that DMAS was diligently working to enroll and assist its members during the COVID-19 pandemic, and that over 473,000 individuals were now benefiting from Medicaid expansion. Director Kimsey described how the MAC members assisted DMAS by sharing their experiences during the pandemic, especially in relation to member materials and how DMAS could best serve its members. She explained that DMAS was creating promotional materials that would share the story of Medicaid and its value to its members. She elaborated that one of the documents that DMAS was creating was called “The Faces of Virginia Medicaid,” in which DMAS was featuring its Medicaid members

and the diversity of those individuals involved in the Medicaid program. She noted that “The Faces of Virginia Medicaid,” featured a Committee member and the work by the MAC. Director Kimsey shared that DMAS was recently recognized for its work in diversity, equity, and inclusion by the National Association of Medicaid Directors, and that such distinction also encompassed the work by the MAC. She related that DMAS was eager to share the MAC’s accomplishments with other Medicaid programs at a scheduled conference in November. She thanked the Committee members for their involvement and shared her enthusiasm for the meeting’s agenda.

Mr. Stanwix thanked the Director for her comments. He explained the virtual meeting procedures, including informing the Committee members of the procedures for asking questions or commenting during the presentations. Mr. Stanwix also noted that there would be an opportunity for public comment at the conclusion of the meeting. He had the Committee members introduce themselves and note whom they were representing.

Following the introductions, Mr. Stanwix previewed the presentation topics on the agenda. He then segued the meeting to the scheduled presentations. He introduced Janice Holmes, DMAS Program Operations Manager, for a presentation about Cover Virginia.

### **PRESENTATION AND DISCUSSION WITH JANICE HOLMES, DMAS PROGRAM OPERATIONS MANAGER – OVERVIEW OF COVER VIRGINIA**

Ms. Holmes gave a presentation about Cover Virginia, which is an information center and a statewide customer service call center serving Virginia Medicaid and Family Access to Medical Insurance Security (FAMIS) members. She informed the Committee that Cover Virginia was established in 2013 as both a call center and an operations center that would assist DMAS with application processing. She explained that Cover Virginia’s services were contracted out to a vendor, with DMAS monitoring Cover Virginia’s performance under the contract. Ms. Holmes informed the Committee that Cover Virginia has four main operational units. These operational units are: the Medicaid/FAMIS state-wide call center with the ability to process applications and renewals; the eligibility central processing unit with the ability to make eligibility determinations for Medicaid; the Virginia incarcerated unit, which performs eligibility determinations and enrollments for incarcerated individuals; and the Cover Virginia website, with information about different Medicaid programs. She discussed the different support units within Cover Virginia that allow Cover Virginia to perform its core functions, such as the quality assurance unit, appeals unit, administrative staff, and co-located DMAS staff for contract monitoring. Ms. Holmes explained that Cover Virginia can assist individuals with applying for new applications and renewal applications via its call center, as well as provide application status updates and case information, regardless of whether an individual applied through Cover Virginia or through a different avenue. She also explained that Cover Virginia could provide managed care contacts, assistance with concerns, and appeal information. She reiterated that Cover Virginia was intended to be a “one-stop shop” for Medicaid and FAMIS, with a toll-free phone number and an informational website. Ms. Holmes also noted that open enrollment would start on November 1, 2020, and Cover Virginia was preparing for the expected increase in application activity by hiring and training additional staff.

Comments and questions from the Committee were taken during the presentation. One member asked about the differences between CommonHelp and Cover Virginia. Ms. Holmes explained that CommonHelp was a statewide online benefit application portal, administered by the Virginia Department of Social Services (VDSS), in which someone could apply for all benefit programs. She stated that Cover Virginia allowed for individuals to apply telephonically for Medicaid and FAMIS only, and Cover Virginia's website served as an information portal for its members. She noted that the online application system of CommonHelp and the telephonic application system provided options for those applying, depending on their preferences. Another member asked how formerly incarcerated individuals would retain their coverage once released from incarceration. Ms. Holmes responded that if an incarcerated individual was enrolled in Medicaid and subsequently released, their coverage would change to full-benefit Medicaid, and their renewal date would be based on the date that they first enrolled in Medicaid. A member asked if open enrollment dates were the same for all parts of the state, to which Ms. Holmes confirmed that open enrollment was the same across Virginia. Another member inquired how Cover Virginia's policies may change once policies that were suspended by the public health emergency were reinstated. Mr. Stanwix stated that DMAS would publish any policy changes before they take effect and would be cross-referenced on the Cover Virginia website. Ms. Holmes responded that Cover Virginia will follow the guidance that is released and will be in compliance with any policy changes at the end of the public health emergency.

Mr. Stanwix then introduced Ashley Harrell, LCSW, Senior Program Advisor, and Laura Reed, LCSW, Behavioral Health Manager, for a presentation about behavioral health services and the Addiction and Recovery Treatment Services (ARTS) program.

**PRESENTATION AND DISCUSSION WITH ASHLEY HARRELL AND LAURA REED**  
**- BEHAVIORAL HEALTH AND ADDICTION & RECOVERY TREATMENT**  
**SERVICES (ARTS)**

Ms. Harrell and Ms. Reed gave a presentation about behavioral health services available to Medicaid members, as well as information about the ARTS program. Ms. Harrell described policy flexibilities that allowed providers to continue rendering both behavioral health services and ARTS services to Medicaid members during the public health emergency. These policy flexibilities included expanded telehealth service delivery, a 14-day grace period for the submission of service authorizations, and the allowance of opioid treatment programs to be reimbursed for the delivery of medications to the member's location, which removed any barrier for members to receive their medications. She also detailed the collaboration among various state agencies to develop best practices for mental health support services. Ms. Reed described the communications and training developed to assist behavioral health providers during the public health emergency, including biweekly provider calls, consistent stakeholder emails, and a COVID-19 response website, which included clinical resources and recorded webinars. She shared data trends with the Committee that demonstrated that behavioral health service utilization remained stable during the pandemic, and that ARTS utilization increased, likely due to the availability of telehealth. Ms. Reed explained that statewide budgetary issues prevented funding for many new behavioral health programs due to the pandemic. She noted that one initiative, Behavioral Health Enhancement, was re-allotted to the DMAS budget, with the hope that the budget would be signed and the initiative approved. She explained that the Behavioral Health Enhancement would provide a full continuum of care to

Medicaid members with services that were high quality, evidence-based, trauma-informed, and cost-effective. She also discussed DMAS' implementation strategy for the Behavioral Health Enhancement, which included regular stakeholder workgroups, installation planning, statewide training, and request for a Section 1115 Serious Mental Illness (SMI) program waiver. Ms. Harrell discussed the goals of the ARTS program, as well as the umbrella of services available to treat substance use disorder. She noted that the Support Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act provided funding from the Centers for Medicare and Medicaid Services (CMS) to increase the capacity of Medicaid providers to deliver substance use disorder treatment and recovery services. She highlighted some of DMAS' accomplishments using the SUPPORT Act's funding, including clinical webinars. She also noted that DMAS was participating with other state agencies with the National Governor's Association, with a focus on improving transitions between levels of care.

Following the presentation, one MAC member asked how the Behavioral Health Enhancement initiative aligned with other state agencies and whether the delay in budget affected that work. Ms. Reed explained that the Behavioral Health Enhancement was a joint initiative with the Department of Behavioral Health and Developmental Services (DBHDS), with DBHDS naming the initiative System Transformation Excellence and Performance (STEP-VA). She noted that both of the DMAS and DBHDS initiatives were re-allotted to the state budget, and that DMAS and DBHDS continued to have biweekly meetings for installation planning.

Mr. Stanwix then moved to the next scheduled presentation, with Terry Smith, Director, Division for Aging and Disability Services; Steve Ankiel, Program Manager; and Judy Tyree, PACE Supervisor; presenting on the Department's Program for All-Inclusive Care for the Elderly (PACE).

#### **PRESENTATION AND DISCUSSION WITH TERRY SMITH, STEVE ANKIEL, AND JUDY TYREE – PACE IN VIRGINIA**

Ms. Smith, Mr. Ankiel, and Ms. Tyree gave a presentation about PACE, including the benefits and services available for members enrolled in PACE. Ms. Smith presented the history of PACE's development. She noted that PACE is a partnership between DMAS and CMS, and is serviced by both Medicaid and Medicare. She explained that PACE is an integrated system of care for the elderly, which is community based, comprehensive, coordinated, and is a capitated service. She also discussed the eligibility criteria for enrollment in PACE. Members must be at least 55 years of age, reside within a PACE service area, be certified as meeting the need for the nursing facility level of care, and be able to reside safely in the community with the help of PACE services. Ms. Tyree provided additional details about PACE and the services the program offers. She explained that PACE is a service center in which adult day health care and other services are offered. She elaborated that PACE services can include any service that is needed to care for the medical needs of the individual and enable that person to stay in their home, so long as those services are approved by the interdisciplinary team. Ms. Tyree further explained that PACE provides the individual with an interdisciplinary team of healthcare professionals to provide coordinated, person-centered care that is individualized for that member's needs. She also described some of the services offered by PACE, including prescription medication, medically necessary transportation, nursing facility care and respite care. Mr. Ankiel described some of the financial aspects of PACE. He explained that PACE services are covered by both Medicare and Medicaid, with no deductible or copayments for

any medication approved by the PACE interdisciplinary team. He also described how capitation rates are set, as well as the oversight process by DMAS, CMS, and other partnering agencies.

Several Committee members had questions for the presenters following the presentation. One member asked if the costs of an individual's care could exceed the capitated rate paid to PACE providers. Mr. Ankiel responded that any excess costs are absorbed by PACE, and that PACE providers agree to provide the care within the rates that are returned by Medicaid and Medicare. A MAC member asked whether PACE would deny a service authorization request due to the service's cost. Mr. Ankiel explained that while PACE has the ability to deny services, such a denial would be based on established utilization control rather than financial reasons. Director Kimsey noted that PACE operated on a managed care platform, with PACE assuming the full risk for the costs. She reiterated that services are evaluated on the basis of medical necessity and not on the basis of cost. Another member asked about how PACE service areas were determined. Mr. Ankiel responded that PACE services areas were designated zip codes determined by CMS and DMAS in which PACE could reasonably provide services to members in that region. He explained that there was not a cap on membership for each locality, because each PACE service area was created based on PACE's ability to meet everyone's needs in that locality. One member asked if there was an ombudsman for PACE if a member did not have family assistance. Mr. Ankiel explained that PACE works with the resources available to assist the member and provide supports, regardless of whether that individual has family assistance. Another Committee member asked where PACE service areas are located. Mr. Ankiel responded that DMAS' website includes a search function for PACE localities by zip code.

### **REVIEW AND VOTE TO APPROVE MINUTES FROM MEETING ON AUGUST 26, 2020 AND UPDATES**

Each of the MAC members received a copy of the August 26, 2020, meeting draft minutes, and the draft minutes were also posted on the Committee's webpage on DMAS' website, as well as on the Virginia Town Hall website. Mr. Stanwix explained the process for making a motion to accept or propose changes to the draft minutes.

MAC member Hamilton Holloway moved to accept the minutes from the August 26, 2020, meeting. MAC member Sandra Hermann seconded the motion to accept the minutes. The Committee then voted to approve the minutes with a unanimous vote.

Mr. Stanwix noted that at the August 26, 2020, meeting, the Committee had a few questions that needed additional responses from DMAS. He noted that those items and their responses were sent to the Committee prior to the meeting. He asked the Committee if there were any follow up questions. One Committee member had a comment regarding a possibility for simplification of the provider enrollment process for each of the different managed care organizations. Mr. Stanwix stated that he would reach out to the appropriate divisions for a response. He also noted that the MAC Feedback Tracker was continually updated on the MAC webpage and was available for review.

Mr. Stanwix then introduced the Committee to Erin Wagner, Employment Advisor, for a brief

discussion on the High Needs Supports Program. Ms. Wagner explained that the High Needs Supports Program was a newly approved program at DMAS, with an expected launch in July 2022. She elaborated that the program was to provide critical housing and employment support services for high need Medicaid members, and was contingent upon approval and funding from the General Assembly. She informed the Committee that DMAS scheduled a public meeting for October 29, 2020, with an overview on the High Needs Supports Program, and encouraged interested Committee members to attend. Ms. Wagner also noted that DMAS' website had some information about the High Needs Supports Program and the services that the program would provide. One MAC member asked how the benefits differed from those provided under the Developmental Disability (DD) Waiver program. Ms. Wagner responded that the High Needs Supports Program was targeted towards individuals in the Commonwealth Coordinated Care (CCC) Plus Waiver. She explained that members enrolled in the DD Waiver would not qualify for the High Needs Supports Program to avoid duplication of federal supports, but that those on the DD Waiver waitlist and otherwise meet the High Needs Supports Program criteria could qualify for services.

### **PUBLIC COMMENT**

Mr. Stanwix reiterated that the MAC meeting was a public meeting and notice was posted on Virginia Town Hall. He informed that anyone from the public wishing to comment at that time must use the WebEx platform.

After experiencing some technical difficulties being heard during the meeting, one member of the public submitted a comment via email. The member of the public requested assistance with obtaining approval for treatment for a family member's medical condition and DMAS responded to the individual's request.

### **ADJOURNMENT**

Mr. Stanwix advised the Committee that the next MAC meeting was scheduled for December 14, 2020. He stated that the meeting would include an open discussion with an opportunity for reflection on the two-year term, along with suggestions for the next Committee members. He also noted that there would be a planned presentation with the DMAS Civil Rights Coordinator. He then transitioned the meeting to Director Kimsey for her closing remarks.

Director Kimsey informed the Committee that DMAS hoped to have something special planned for the next meeting to celebrate and honor the MAC and the partnership with DMAS over the last two years. She expressed her profound appreciation and gratitude to the MAC members for their time and participation. Director Kimsey stated that she looked forward to catching up with the MAC in December, and that members should feel free to reach out to DMAS staff if they had questions or concerns in the interim.

Mr. Stanwix adjourned the meeting at 12:15 p.m.