Welcome and Call To Order

Kristin Dahlstrand welcomed and called to order this WebEx Medicaid Member Advisory Committee (MAC) meeting at 10:03 a.m. on Monday, April 12, 2021. Ms. Dahlstrand thanked the MAC members for joining the meeting. Ms. Dahlstrand then introduced the DMAS Director, Karen Kimsey.
Welcome – Karen Kimsey, M.S.W., DMAS Director

Director Kimsey greeted the MAC and thanked them for their participation in the virtual MAC meeting. Director Kimsey indicated that the meeting would include introductions of MAC members, presentations by DMAS Staff and the Virginia Department of Social Services, Medicaid Jeopardy as an icebreaker, and public comment.

Director Kimsey described previous MAC members’ suggestions, including additional time to return documentation by mail, website improvements, and other recommended changes. Director Kimsey introduced Deputy Director of Administration, Sarah Hatton.

Welcome – Deputy of Administration, Sarah Hatton

Ms. Hatton expressed gratitude for members joining the MAC, and outlined that members represented all parts of the Commonwealth, including southwest Virginia, tidewater, northern Virginia, and central Virginia. Ms. Hatton described presenting a new renewal application draft to former members of the MAC and expressed gratitude for their feedback, which improved the draft renewal application. Ms. Hatton encouraged the MAC members to think of new things they want to hear about so DMAS can plan meeting agendas to reflect member interests and focus. Ms. Hatton indicated that she would return later in the meeting as a presenter and reintroduced Ms. Dahlstrand.

Introductions – MAC Members

Ms. Dahlstrand asked members to introduce themselves, their locations, who they represented, and each member’s interest in Medicaid. The MAC members present answered the questions accordingly. Interests included having seen family choose between medical care and food; access and quality of care; Medicaid expansion; the benefits and challenges of access to Medicaid; and wanting to ensure other Virginians are able to obtain the quality of care members and members’ families receive.

Presentation – MAC Orientation

Sarah Hatton, Deputy Director of Administration
Kristin Dahlstrand, Public Information Officer

Ms. Dahlstrand introduced the MAC Orientation presentation. Ms. Dahlstrand outlined the purpose of the MAC, to bring members and representatives to share experiences, observations, and recommendations to the Department. She highlighted that members of the MAC can provide valuable insight to DMAS regarding member experiences and needs. Ms. Dahlstrand explained that each member is encouraged to participate and offer recommendations to DMAS. She indicated that a member does not need to be a Medicaid expert, but be willing to share observations and suggestions about how to improve DMAS’ service of members.
Ms. Dahlstrand introduced the MAC Pact, used by the previous MAC as an outline describing how MAC members interact together and get things done. The MAC Pact interaction guidelines include that all members will be welcoming, prioritize getting to know one another in a healing environment, respect others, suspend judgement, collaborate, hear all voices, share personal experiences, solution-focused, and hard on the problems and not each other.

The MAC Pact provides guidelines that include:

- spelling out acronyms and explaining their meaning;
- being mindful of time, flexible and intentional when schedules change;
- speaking one person at a time;
- having a designated facilitator for each meeting;
- utilizing a “parking lot” of items for future discussion;
- implementing actions and timely follow up;
- and varying activities when possible.

After outlining the MAC Pact, Ms. Dahlstrand reintroduced Ms. Hatton.

Sarah Hatton gave a presentation and offered to take questions. In summary, the presentation provided that:

- Medicaid is governed by both federal and state authorities and that multiple state and federal agencies play a role in Medicaid;
- Medicaid receives a mix of state general funds and matching federal funds for a total budget of $17.4 billion;
- Medicaid is health insurance for low-income individuals: Children, Pregnant Women, Older Adults, Individuals with Disabilities and Income Eligible Adults;
- Medicaid covers a wide variety of services, which may include Long Term Services & Supports, Behavioral Health, Addiction and Recovery Treatment Services, Dental Care (limited), Primary Care, and Acute Care;
- Newly eligible adult enrollees will receive coverage for all Medicaid covered services including evidence-based, preventive services;
- During the COVID-19 public health emergency, DMAS has implemented a number of policy and procedural changes to improve coverage, enable new flexibilities to expedite enrollment, ensure members maintain health care coverage, and to provide an even greater level of support;
- Medicaid expansion is providing health and economic security to nearly 540,000 Virginians;
• Information about the Managed Care Programs – Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0 and
• Provided information about Medicaid waivers noting that waivers give states flexibility to implement new programs and provide additional services that may not normally be available under the traditional Medicaid program

Following the presentation and hearing no questions, Ms. Dahlstrand thanked Ms. Hatton and offered members the opportunity to ask questions in the chat feature of WebEx.

**Icebreaker**

Ms. Dahlstrand asked members to discuss why members wanted to participate in the program. Members outlined a desire to see more holistic coverage; addiction support and treatment, including expedited applications for individuals seeking addiction treatment; and using provider-provided data to improve recipients’ chronic health conditions.

Ms. Kimsey indicated that Medicaid is willing to consider holistic care, and indicated that DMAS desires to work with federal partners to approve that care. In response to an inquiry, Ms. Kimsey confirmed that there is a standing prescription for every Virginian to receive NARCAN as needed. Ms. Kimsey also indicated that Medicaid covers NARCAN nasal spray, naloxone syringe and vial, and Naloxone Carpuject without prior authorization. Ms. Kimsey explained that expedited review might be available for individuals entering substance abuse treatment.

**Presentation – Applying for Medicaid**

Sherry Sinkler-Crawley, Virginia Department of Social Services (VDSS) Associate Director of Benefit Programs, welcomed MAC members and encouraged the members to take full advantage of the opportunity, and to not hold back. She introduced VDSS Medical Assistance Program Manager Irma Blackwell who gave a presentation regarding the Medicaid application process.

In summary, the VDSS presentation outlined its Medicaid responsibilities as:

• Determination of initial and continuing eligibility for Medicaid & FAMIS and enrollment of eligible persons
• Case maintenance
• Referral of individuals with inappropriate coverage or payments to DMAS Recipient Audit Unit (RAU)
• Referral of certain individuals to the Health Insurance Marketplace

It noted that applications might be made by applying online at:

• https://www.commonhelp.virginia.gov/
• Call Cover Virginia at 1-855-242-8282 to apply on the phone Monday-Friday 8:00 AM-7:00 PM and Saturday 9:00 AM-12:00 PM; and
• Online at http:// www.dss.virginia.gov/benefit/medical_assistance/forms.cgi
Mailed/faxed/ or dropped off to the local department of social services (LDSS).

Filed by calling the Virginia Department of Social Services Enterprise Call Center at 1-855-635-4370.

The VDSS presentation went on to discuss the evaluation of eligibility:

To qualify for Medicaid, an individual must meet specific non-financial and financial criteria. Verifications may be required before an evaluation of eligibility can be determined.

The Medicaid non-financial eligibility requirements are:
- Legal presence in the U.S., effective January 1, 2006
- Citizenship/alien status
- Virginia residency
- Social Security Number (SSN) provision/application requirements
- Assignment of rights to medical benefits and pursuit of support from the absent parent requirements
- Application for other benefits
- Institutional status requirements
- Covered group requirements

The Medicaid Financial Eligibility requirements are:
- Income within appropriate income limits relative to the individual's covered group
- Resources within appropriate resource limits relative to the individual's covered group
- Asset transfer evaluation for individuals who need Long-Term Services and Support

After reviewing the application, the agency may need verification of specific eligibility requirements when they cannot be verified through other means. (Income, resources, etc.). Before taking action on the application, the applicant must be notified in writing of the required information. The verification request (checklist) must be sent to the authorized representative, if one has been designated. The eligibility worker must allow at least 10 calendar days for receipt of the necessary verifications.

Processing Time-frame - Medicaid policy allows for a 45-day processing timeframe. – If a disability determination is required, that timeframe may be extended to 90 days. (However, any non-financial requirements must be verified by the 45th day or the application will be denied.) – Pregnant woman applications must be processed within 7 calendar days if all necessary verifications have been provided.

Once a decision has been made on the application, a Notice of Action is generated and mailed. (If there is an authorized representative, a Notice of Action may be mailed to them.)

- At the time of application or redetermination, and at the time of any action or proposed action affecting eligibility for medical assistance, medical services or patient pay, every applicant for and enrollee of medical assistance shall be informed in writing of his right to appeal.

- A Medicaid card is issued to an individual that has been found eligible for Medicaid and enrolled with the Department of Medical Assistance Services (DMAS).
Exception: The following recipients do not receive a Medicaid card:

- Individuals eligible for Medicare premium payment only and
- Individuals enrolled in a closed period of coverage in the past with no ongoing coverage.

**Icebreaker and Introductions – MAC Members**

*Introductions – MAC Members*

Ms. Dahlstrand asked the remaining members to introduce themselves, their locations, who they represented, and each member’s interest in Medicaid. The remaining MAC members present answered the questions accordingly, including interest in income eligibility, gratitude for working with such a team, and a desire to help Medicaid and its members. Michael Cook, Chair of the Board of Medical Assistance Services, introduced himself, expressed gratitude, and highlighted the importance of the MAC to show the impact Medicaid has on members.

Ms. Dahlstrand introduced the icebreaker, and members answered several questions anonymously online about the MAC and recent life experiences. Ms. Dahlstrand then opened the meeting to public comment.

**Public Comment**

Previous MAC member James Murdoch, Sr., indicated that he joined in 2019, and encouraged the members to have faith and enjoy the process. Mr. Murdoch asked the members to give input and thanked the members for their participation.

**Adjournment**

Ms. Dahlstrand thanked the members of the MAC for joining, and indicated the next meeting would be held Monday, June 14, 2021, from 10:00 a.m. until 12:00 p.m. Ms. Dahlstrand pointed out the MAC email address at MAC@dmas.virginia.gov and asked members to email with questions, thoughts, and concerns.

Ms. Kimsey thanked Ms. Dahlstrand for facilitating the meeting. Ms. Kimsey reiterated a desire for members to reach out with questions and ideas regarding the meetings, and implored all to stay safe and healthy.

Ms. Jones explained how to leave the event and thanked members for their participation.

Ms. Dahlstrand adjourned the meeting at 11:52 a.m.