Real-time Remote Captioning

- Remote conference captioning is being provided for this event.
- The link to view live captions for this event will be pasted in the chatbox.
- You can click on the link to open up a separate window with the live captioning.
Virtual Meeting Notice

- CHIPAC is conducting this meeting electronically due to the COVID-19 emergency.
- This meeting will be recorded.
Roll Call – Instructions for Committee Members

- All participants are on mute.
- During roll call, please unmute yourself to verbally confirm you are present.
- If you are joining on Zoom, unmute yourself by clicking on the microphone icon.
- If you are joining by phone, unmute yourself by pressing *6.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Health Care Foundation</td>
<td>Denise Daly Konrad (Chair)</td>
</tr>
<tr>
<td>Virginia Department of Social Services</td>
<td>Irma Blackwell</td>
</tr>
<tr>
<td>VCU Health</td>
<td>Dr. Tegwyn Brickhouse</td>
</tr>
<tr>
<td>Virginia Poverty Law Center</td>
<td>Sara Cariano</td>
</tr>
<tr>
<td>Board of Medical Assistance Services</td>
<td>Michael Cook</td>
</tr>
<tr>
<td>Virginia Community Healthcare Association</td>
<td>Tracy Douglas-Wheeler</td>
</tr>
<tr>
<td>Virginia Department of Education</td>
<td>Quyen Duong</td>
</tr>
<tr>
<td>Families Forward Virginia</td>
<td>Ali Faruk</td>
</tr>
<tr>
<td>Center on Budget and Policy Priorities</td>
<td>Shelby Gonzales</td>
</tr>
</tbody>
</table>
## Roll call

<table>
<thead>
<tr>
<th>Organization</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voices for Virginia’s Children</td>
<td>Emily Griffey</td>
</tr>
<tr>
<td>American Academy of Pediatrics, Virginia Chapter</td>
<td>Victor James</td>
</tr>
<tr>
<td>Dept. of Behavioral Health and Developmental Services</td>
<td>Bern’Nadette Knight</td>
</tr>
<tr>
<td>Joint Commission on Health Care</td>
<td>Jeff Lunardi</td>
</tr>
<tr>
<td>Virginia Department of Health</td>
<td>Jennifer Macdonald</td>
</tr>
<tr>
<td>Virginia Association of Health Plans</td>
<td>Christine McCormick</td>
</tr>
<tr>
<td>The Commonwealth Institute for Fiscal Analysis</td>
<td>Freddy Mejia</td>
</tr>
<tr>
<td>Virginia League of Social Services Executives</td>
<td>Michael Muse</td>
</tr>
<tr>
<td>Virginia Hospital and Healthcare Association</td>
<td>Lanette Walker</td>
</tr>
<tr>
<td>Medical Society of Virginia</td>
<td>Dr. Nathan Webb</td>
</tr>
</tbody>
</table>
Meeting Agenda

- CHIPAC Business
- DMAS Update
- VDSS Update
- Agenda for September 2 CHIPAC Meeting
- Public Comment
CHIPAC Business - Voting Instructions

• All votes must be recorded. To facilitate this, there are two options for voting.
• If you are able, use the chatbox to write “yea,” “nay,” or “abstain.”
• There will also be an opportunity for members to declare a voice vote. When prompted:
  ▪ Unmute yourself by clicking on the microphone icon in Zoom.
  ▪ If you are joining by phone, unmute yourself by pressing *6.
CHIPAC Business

- Review minutes from March 4 meeting
- Membership update
- Dashboard update
Dashboard Update
# MAY 2021 ENROLLMENT REPORT

Table 1 - CHIP and Medicaid Child Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 4-01-21</th>
<th># Enrolled as of 5-01-21</th>
<th>Net Increase This Month</th>
<th>% of Total Child Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS (separate CHIP program)</td>
<td>&gt; 143% to 200% FPL</td>
<td>80,374</td>
<td>80,274</td>
<td>-100</td>
<td>11%</td>
</tr>
<tr>
<td><em>Children 0-18 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIP MEDICAID EXPANSION</td>
<td>&gt; 100% to 143% FPL</td>
<td>78,515</td>
<td>78,890</td>
<td>375</td>
<td>10%</td>
</tr>
<tr>
<td><em>Children 6-18 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total CHIP (Title XXI) Children</td>
<td></td>
<td>158,889</td>
<td>159,164</td>
<td>275</td>
<td>21%</td>
</tr>
<tr>
<td>FAMIS Plus*</td>
<td>≤ 143% FPL</td>
<td>582,923</td>
<td>585,778</td>
<td>2,855</td>
<td>77%</td>
</tr>
<tr>
<td><em>Children 0-5 years</em></td>
<td>≤ 100% FPL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Children 6-18 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adoption Assistance &amp; Foster Care</td>
<td>FPL N/A</td>
<td>14,427</td>
<td>14,474</td>
<td>47</td>
<td>2%</td>
</tr>
<tr>
<td><em>Children &lt; 21 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Medicaid Children**</td>
<td>FPL N/A</td>
<td>40</td>
<td>41</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td><em>Children &lt; 21 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total MEDICAID (Title XIX) Children</td>
<td></td>
<td>597,390</td>
<td>600,293</td>
<td>2,903</td>
<td>79%</td>
</tr>
<tr>
<td>TOTAL CHILDREN</td>
<td></td>
<td>756,279</td>
<td>759,457</td>
<td>3,178</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Children under 19 enrolled in a Medicaid Families & Children Aid Category. This count does not include the CHIP Medicaid Expansion group.

** This includes children under 21 enrolled in Medicaid under the care of the Juvenile Justice Department or in an intermediate care facility (ICF-MR).
### Table 2 - CHIP Premium Assistance Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 4-01-21</th>
<th># Enrolled as of 5-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS Select</td>
<td>&gt; 143% to 200% FPL</td>
<td>58</td>
<td>58</td>
<td>0</td>
</tr>
<tr>
<td><em>FAMIS Children &lt; 19 years</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 3 - Pregnant Women’s Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 4-01-21</th>
<th># Enrolled as of 5-01-21</th>
<th>Net Increase This Month</th>
<th>% of Total Pregnant Women Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMIS MOMS (CHIP)</td>
<td>&gt; 143% to 200% FPL</td>
<td>1,643</td>
<td>1,682</td>
<td>39</td>
<td>7%</td>
</tr>
<tr>
<td>Medicaid Pregnant Women</td>
<td>≤ 143% FPL</td>
<td>21,962</td>
<td>22,308</td>
<td>346</td>
<td>93%</td>
</tr>
<tr>
<td>TOTAL Pregnant Women</td>
<td></td>
<td>23,605</td>
<td>23,990</td>
<td>385</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 4 - Family Planning Enrollment

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>INCOME</th>
<th># Enrolled as of 4-01-21</th>
<th># Enrolled as of 5-01-21</th>
<th>Net Increase This Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan First</td>
<td><em>Men &amp; Women</em> ≤ 200% FPL</td>
<td>46,241</td>
<td>46,349</td>
<td>108</td>
</tr>
</tbody>
</table>
Monthly Net Enrollment of Children in FAMIS Plus (Medicaid), 2018-2021
(Includes CHIP-funded "Medicaid Crossover" enrollment)
Monthly Net Enrollment of Pregnant Women in Medicaid, 2016-2021
Since the State of Emergency was declared, Medicaid has gained 303,015 new members

- 160,313 are in Medicaid Expansion
- 93,035 are children
- Medicaid gains approximately 4,100 new members each week
COVID-19 Vaccine

• Pfizer vaccine approved for ages 12+
• New messaging campaign by MCOs to inform members of vaccination opportunities for 12-15 year olds
• DMAS working with VDH to identify areas of the state with low vaccination uptake and conduct local Town Halls to encourage vaccination
DMAS Recent Milestones

• Removal of 40 Quarters work requirement:
  ▪ Starting April 1, 2021, Green Card holders (lawful permanent residents) with five years or more of U.S. residency may now be eligible for Virginia Medicaid.

• DMAS website redesign
  ▪ Includes searchable State Plan and Amendments

• New Appeals portal launched - Appeals Information Management System (AIMS)
New Adult Dental Benefit

Effective Date
July 1, 2021

New Population
Approximately 750,000 new members and special needs populations

Benefit Model
Comprehensive benefits based on a preventive, restorative model

Strategic Partnership
Work with key partners to assist with design, delivery of new services and recruitment

Implementation Steps:
• Federal Approval - submitted
• Design Benefit Package - complete
• Provider Recruitment - ongoing
• DMAS System Changes - complete
• Vendor Contract Changes - ongoing
• Member & Provider Education - ongoing
• Stakeholder Engagement - ongoing
• Hiring a Dental Program Lead - ongoing
DMAS and DOE continue to prepare for expansion of Medicaid cost-based reimbursement to services provided to member children outside of special education.

Expansion will emphasize mental health and school nursing services.

Target date to begin reimbursing non-IEP services is SFY2022 (July 1, 2022).

This allows time to secure federal authority, revise policies and procedures for cost-settlement and train schools.
Doula Benefit in Development

Reimbursements for up to 8 visits, attendance at birth, and up to 2 linkage-to-care payments

- $859 - $959 reimbursement for up to 8 visits and attendance at birth ($859 if all visits conducted):
  - Initial visit (90 minutes): $89.92
  - Subsequent visit (60 minutes): $59.92
- Attendance at birth: $350
- Linkage to care incentive payment – mother postpartum visit: $50
- Linkage to care incentive payment – newborn visit: $50
The 2021 Special Session I budget created a new FAMIS/CHIP prenatal coverage option for uninsured women who otherwise meet eligibility criteria for FAMIS MOMS or Medicaid Pregnant Women but are ineligible because they are not “lawfully residing” status.

Currently these individuals, primarily undocumented immigrants, are not eligible for Medicaid or FAMIS coverage, except that some (0-148% FPL) qualify for coverage of the birth through Emergency Medicaid.

Individuals will be able to enroll when they learn they are pregnant and receive full comprehensive coverage during the prenatal period, through labor and delivery, and 60 days postpartum.
FAMIS Prenatal Coverage

- Enrolled in Medallion 4.0 managed care program
- Same benefit package as FAMIS MOMS
- Comprehensive coverage, **not** limited to pregnancy-related benefits
- Coverage ends the last day of the month in which the 60\(^{th}\) day occurs
12 Months Postpartum Waiver Application

- Funds re-allotted in 2020 Special Session
- Waiver amendment application submitted March 31
- Federal public comment April 7 through May 7
- Virginia’s negotiations with Centers for Medicare and Medicaid Services (CMS) in progress
Questions?
PROJECT BRAVO:
BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE AND OUTCOMES

Laura Reed, LCSW
Behavioral Health Senior Program Advisor
Department of Medical Assistance Services
**Enhanced Behavioral Health Services for Virginia**  
*Project BRAVO*

---

**Behavioral Health Redesign for Access, Value and Outcomes**

**Vision**  
Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

- **High Quality**
  - Quality care from quality providers in community settings such as home, schools and primary care

- **Evidence-Based**
  - Proven practices that are preventive and offered in the least restrictive environment

- **Trauma-Informed**
  - Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals

- **Cost-Effective**
  - Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system
### Current Medicaid-funded Behavioral Health Services

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Recovery</th>
<th>Outpatient</th>
<th>Community Mental Health Rehabilitation Services</th>
<th>Inpatient / Residential</th>
</tr>
</thead>
</table>
| Early intervention Part C • Screening • EPSDT services | Peer and family support partners | Outpatient psychotherapy • Psychiatric medical services | Therapeutic day treatment | Inpatient hospitalization  
Psychiatric residential treatment  
Therapeutic group home |

Lack of evidence-based services
- Reliance on intensive services for acute problems
- Service definition and rate structures do not support best practice
### Continuum of Behavioral Health Services Across the Life Span

<table>
<thead>
<tr>
<th>Promotion &amp; Prevention</th>
<th>Recovery Services</th>
<th>Outpatient &amp; Integrated Care</th>
<th>Intensive Community Based Support</th>
<th>Intensive Clinic-Facility Based Support</th>
<th>Comprehensive Crisis Services</th>
<th>Group Home &amp; Residential Services</th>
<th>Inpatient Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapy Supports</td>
<td>&gt;&gt;&gt;&gt;&gt; &lt;&lt;&lt; &lt;&lt; &lt;&lt; &lt;&lt;</td>
<td>Case Management*</td>
<td>&gt;&gt;&gt;&gt;&gt; &lt;&lt;&lt;</td>
<td>Recovery &amp; Rehabilitation Support Services*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Home visitation • Comprehensive family programs • Early childhood education
- Screening & assessment* • Early intervention Part C

**Integrated Principles/Modalities**

- **Trauma informed care**
- **Universal prevention / early intervention**
- **Seamless care transitions**
- **Telemental health**

*Key STEP-VA service alignment

This represents the long term vision for the development of a robust continuum.
BRAVO Enhancements & STEP-VA

- Transition funding to outpatient services, integrated services in primary care and schools, and intensive community-based and clinic-based supports
- Invest in workforce development including provision of adequate reimbursement to recruit and incentivize providers to serve where most needed. Streamline licensure and reduce regulatory burdens that impede workforce development
- Implementation of high quality, high intensity and evidence-based SIX services that demonstrate high impact and value
- STEP-VA services improve access, increase quality, build consistency and strengthen accountability across Virginia’s public behavioral health system (CSBs)
BRAVO Enhancements: Current Priorities Explained

What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients

Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**

- Partial Hospitalization Program (PHP)
- Intensive Outpatient Program (IOP)
- Assertive Community Treatment (ACT)
- Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, Residential, 23Hr Observation)
- Multi-Systemic Therapy (MST)
- Functional Family Therapy (FFT)

Why Enhancement of BH for Virginia?

- Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- Demonstrated cost-efficiency and value in other states
## Enhancement of Behavioral Health Services

**Special Session 2020 and GA Session 2021**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year 21-22</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Initial Budget Projection</td>
</tr>
<tr>
<td>General Fund</td>
<td>$10,273,553</td>
</tr>
<tr>
<td>Non-General Funds</td>
<td>$14,070,322</td>
</tr>
<tr>
<td>TOTAL FUNDS</td>
<td>$24,343,875</td>
</tr>
</tbody>
</table>

### Implementation

- **July 2021**
  - Assertive Community Treatment
  - Partial Hospitalization
  - Intensive Outpatient Programs

- **December 2021**
  - Multi-Systemic Therapy
  - Functional Family Therapy
  - Comprehensive Crisis Services (23 hour beds, Residential Crisis, Community Stabilization, Mobile Crisis Intervention)

---

**Virginia Department of Behavioral Health & Developmental Services**

**DMAS**

INNOVATION • QUALITY • VALUE
High Level Implementation Progress:
*PHP-IOP-ACT (Phase 1)*

**In Progress**
- MCO Readiness Reviews
- “Bonus” Guidance Documents
- Service Authorization Postings
- Establish Structure for Learning Collaborative Groups
- Regulation Development

**Near Complete**
- Manual Postings
- Dashboard Finalization
- Accreditation & Medicare Certification Guidance
- State Plan Approval

**Completed**
- Rate Setting
- Provider Bulletins on Codes and Rates
- Policy Development
- Stakeholder Engagement
- Provider Manual Trainings
- Accreditation Orientations
- System Changes
Continued Close Collaboration with DBHDS

- Phase 2 BRAVO 12/1/21:
  - Crisis Services Implementation
  - Multisystem Therapy
  - Functional Family Therapy
- Any future enhancements are subject to availability of resources and priorities of the Commonwealth
- DMAS does not hold any authority to enhance any additional services at this time*
- DMAS-DBHDS continue to plan for priorities if resources become available, needs may shift due to pandemic impacts on behavioral health of Virginians, service landscape shifts and mental health workforce

* Exception is Behavioral Therapy and 2021 budget language mandates implementation of new ABA Codes
Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov
Cover Virginia
Cover Virginia Highlights

Cover Virginia Call Center

- Call Center greatly improved
- Messages taken upon request and calls returned within 24 hours
- 90%+ of staff teleworking from home
- Continued quality assurance monitoring
- Increased staffing and Corporate resources engaged to address performance concerns
Cover Virginia Highlights

Cover Virginia Central Processing

- Open enrollment extended
- Numerous duplicates identified from the FFM
- Overtime and additional resources engaged
- March and April reviews are the focus
- State staff also engaged to assist with processing after-working hours
Cover Virginia Call Volume

* Calendar Years
Cover Virginia CPU Application Volume

* SFY Quarters
CHURN IN MEDICAID
FEB 2019-FEB 2020

Lauryn Walker, PhD RN
Senior Advisor, Chief Deputy & Chief Health Economist
DMAS has made numerous changes to reduce unnecessary churn in Medicaid/FAMIS

- Medicaid expansion
- System improvements to automate income verification
- Automatic re-evaluation of postpartum women
- Pending FAMIS Section 1115 Waiver for 12-month postpartum coverage
Analysis

• Followed cohort of members enrolled February 2019 for 12 months (1,417,325 members)

• Identified members:
  ▪ **Continuously enrolled** – Enrolled in Medicaid for full 12 months (81%)
  ▪ **Break in coverage** – Lost coverage but returned prior to Feb 2020 (4%)
  ▪ **Loss of coverage** – Lost coverage and did not return prior to Feb 2020 (15%)
Coverage Status

- Continuous Coverage: 81%
- Break in Coverage: 15%
- Lost Coverage: 4%
Population Churn

Barcode Diagram: Coverage Status by Population

Total
Medicare Duals with Limited Benefits
Individuals with Blindness or Disability
Aged Adults
Medicaid Expansion
Non-Expansion Adults (LIFC)
Plan First
FAMIS Moms
Medicaid Pregnant Women
FAMIS Children
Medicaid/MCHIP Children
Foster Care / Adoption Assistance

% Continuous Coverage  % Break in Coverage  % Lost Coverage
Coverage Status

- Continuous Coverage: 81%
- Break in Coverage: 15%
- Lost Coverage: 4%
Top 5 Reasons for Break in Coverage

- Failure to complete renewal: 30%
- No longer meets non-financial requirements: 28%
- Child Reaching age 19: 13%
- Pregnant women maximum coverage received: 11%
- No longer meets income or resource requirements: 7%
Coverage Status

- Continuous Coverage: 81%
- Break in Coverage: 4%
- Lost Coverage: 15%

Legend:
- Green: Continuous Coverage
- Orange: Break in Coverage
- Purple: Lost Coverage
Top 5 Reasons for Loss in Coverage

005-Failure to complete renewal: 33%
003-No longer meets non-financial requirements: 33%
007-No longer meets income or resource requirements: 9%
004-Recipient requested cancellation: 7%
001-Enrollee deceased: 5%
Summary

• 81% of members remained continuously enrolled for 12 months

• Most common reasons for break in coverage (4%)
  ▪ Failure to renew
  ▪ Coverage gap often associated with change in eligibility category (ie. aging out of child category)

• Most common reasons for loss of coverage (15%)
  ▪ Failure to renew
  ▪ Did not meet non-financial requirements (ie. residency requirements)
Considerations for end of COVID-19 Emergency

• At the end of the Public Health Emergency, DMAS will be required to re-evaluate members for continued eligibility
• To ensure members do not unnecessarily lose coverage, DMAS is considering:
  ▪ Expanding automated re-evaluation processes to include the following populations:
    • Individuals turning 1
    • Individuals turning 19
    • Individuals 65
    • Postpartum women (current practice)
  ▪ Expansion of the automated process to proactively send renewal packets and evaluate overdue renewals
VDSS Update

Irma D. Blackwell
Medical Assistance Program Manager
Division of Benefit Programs
Produce Rx Workgroup Session #1
HB2065

- VDSS, in conjunction with DMAS and other required partners and Produce Rx trailblazers from around the country, gathered for our first workgroup session on Monday, May 24th.

- Delegate Delores McQuinn, Chief Patron of HB2065, was present to help kick off our meeting with background and charge!

- Next meeting is June 9th
Medical Assistance Training Initiatives

Recently, Benefit Programs met with Workforce Development & Support to determine ways to better partner-

Onboarding Planning & Development

- Sequencing and timing of training courses for new hire & seasoned worker
- Coaching and development post-training
- Support for supervisors to aid in transfer of learning
  - How to apply objectives and content from training
  - Up-front investment in new hires
  - Train-the-trainer for supervisors who deliver training
  - Suggested onboarding programs for locals
Medical Assistance Training Initiatives

Needs Assessments

- Based on policy-specific deficiencies
- Regionally-identified trends or issues
- Dependent upon job function i.e. intake vs. ongoing
- PERM and MEQC CAP requirements
- Learner surveys and feedback from training sessions
VDSS Application Processing Teams

We have 2 Application Processing Teams in place at VDSS -

- The mission of the first Application Processing Team is to aid in any unusual backlogs that exist either regionally, or within any specific LDSS; specifically applications that have moved beyond the 45-day processing time standard.

- The mission of the second team is to assist the Cover VA APT with their overdue applications.

Both teams are currently in place, and actively working to support the locals and Cover VA.
VDSS Return-to-Office Plans

- With the arrival of the COVID-19 vaccines, VDSS is now focusing on returning to work on October 1, 2021.

- This date is subject to change, pending COVID-19 case rates in Virginia and guidance from Governor Northam. The health and safety of employees continues to be the guiding concern in making decisions about when and how to re-open.

- For the time being, VDSS will continue our current plan: employees who are able to perform their jobs by telework will continue to do so.

- No specific guidance on face-to-face meetings for groups at this time.
VDSS Return-to-Office Plans

- What returning to work in October will look like is not clear yet, but teleworking employees will follow a hybrid schedule.

- As much as possible, teams should work in the office on a schedule that best fosters collaboration.

- In addition, VDSS has learned during the pandemic that some work areas can’t function solely on teleworking – some job functions that work best with employees in the office.

- LDSS return-to-work plans may be locality-specific, but normally follow the guidance of the Governor.
Broad-Based Categorical Eligibility

HB1820

Participation, and enrollment in qualifying school programs directs VDSS to amend SNAP benefits program to:

- establish broad-based categorical eligibility
- set the gross income eligibility standard at 200% FPL
- **not** impose an asset/resource limit for eligibility, and
- increased opportunities for self-sufficiency by allowing SNAP participants to satisfy applicable employment and training requirements through enrollment in an accredited public institutions of higher education

https://virginiageneralaassembly.gov/
Positive BBCE Impact

- This will increase access to SNAP for more children
- Children who are eligible for SNAP are then also eligible for free school meals
- This will help reduce school meal debt, which is a growing issue in VA schools
<table>
<thead>
<tr>
<th>Month (Renewal Month)</th>
<th># of cases that were picked for Ex Parte</th>
<th>% of cases that were picked for Ex Parte</th>
<th># of cases that completed Ex Parte Successfully</th>
<th>% of cases that completed Ex Parte Successfully</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 2020 (Feb 2021)</td>
<td>49,969</td>
<td>66%</td>
<td>40,317</td>
<td>81%</td>
</tr>
<tr>
<td>Jan 2021 (March 2021)</td>
<td>49,539</td>
<td>67%</td>
<td>39,344</td>
<td>79%</td>
</tr>
<tr>
<td>Feb 2021 (April 2021)</td>
<td>39,997</td>
<td>70%</td>
<td>31,610</td>
<td>79%</td>
</tr>
</tbody>
</table>
Questions?
Discussion of Agenda Topics
For Next CHIPAC Meeting

September 2, 2021
• Unmute yourself by clicking on the microphone icon in Zoom.
• If you are joining by phone, unmute yourself by pressing *6.
• You may also submit comments in the chatbox if you wish to do so.