



Meeting Materials
November 13, 2023



**MEDICAID
MEMBER ADVISORY
COMMITTEE**

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VIRGINIA'S MEDICAID PROGRAM



Agenda

Presenter: Natalie Pennywell

Outreach and Community Engagement Manager
Community Outreach and Member Engagement Team (COMET)
Virginia Department of Medical Assistance Services (DMAS)



Medicaid Member Advisory Committee



MAC MEETING AGENDA November 13, 2023

Location: Virginia Department of Medical Assistance Services (DMAS), 600 E. Broad Street, Richmond, VA 23219

Access Link for WebEx Event	Phone Bridge for Audio ONLY	Access Code for Audio ONLY
https://covaconf.webex.com/j.php?MTID=m15017400a961f185356e7d6894b33172	Join by phone +1-517-466-2023 US Toll +1-866-692-4530 US Toll Free Access code: 242 524 68200	Webinar ID: 2425 246 8200 Passcode: Pi4eAXa7bB7 (74432927 from phones)

The link to view live captions is as follows:

<https://www.streamtext.net/player?event=HamiltonRelayRCC-1113-VA3824>

Approximate Time

10:00 a.m.

Call to Order & Introductions

Call to Order

Welcome by DMAS Executive Leadership

Committee Member, ELT, and Speaker Introductions

10:15 a.m.

Vote on August 14, 2023 MAC Minutes

10:20 a.m.

Presentation – Navigating Services for Children & Young Adults with Special Needs
20-minute presentation; 20 minutes Q&A

11:00 a.m.

Presentation – Virginia Medicaid Resource Navigation
20-minute presentation; 25 minutes Q&A

11:45 a.m.

Public Comment

*Those wishing to make a public comment must join via the WebEx link or In-person. Send a message to one of the hosts or place your full name in the comments to be recognized during this time. Each speaker will be granted only two (2) minutes to speak.

12:00 noon

Adjournment

NOTE: Reasonable accommodations for meeting presentations will be provided upon request for persons with disabilities and limited English proficiency. Please notify the **DMAS Civil Rights Coordinator** at (804) 482-7269, or at civilrightscordinator@dmass.virginia.gov at least five (5) business days before the meeting to make arrangements.

Committee Contacts: Natalie Pennywell, Dorothy “Dot” Swann, and Dalia TejadaHalter at mac@dmass.virginia.gov



Member Roll Call and Introductions

Presenter: Natalie Pennywell

Outreach and Community Engagement Manager
Community Outreach and Member Engagement Team (COMET)
Virginia Department of Medical Assistance Services

MAC Members

- Joan Croghan
- Jacqi Dix
- Lorri Lee Griffin
- Chiquita Hubbard
- Sheila Johnson
- Leah Leuschner
- Sabrina Redd
- Kyung Sook Jun
- Craig Thomson

INTRODUCTIONS

- Meeting Facilitator(s)
- Executive Leadership Team Member(s)
- MAC Support Staff
- Speakers

VIRGINIA'S MEDICAID PROGRAM



Minutes Approval

Presenter: Natalie Pennywell

Outreach and Community Engagement Manager
Community Outreach and Member Engagement Team (COMET)
Virginia Department of Medical Assistance Services (DMAS)

Medicaid Member Advisory Committee Meeting
Department of Medical Assistance Services
In-Person and via WebEx Videoconferencing

August 14, 2023 Minutes

Committee Members	DMAS Staff
Present: In Person	DMAS Executive Leadership Team Members
Wendy Bender	Jeff Lunardi, Chief Deputy Director (meeting co-facilitator)
Joan Croghan	Tammy Whitlock, Deputy for Complex Care Services
Jacqi Dix	Adrienne Fegans, Deputy for Programs
Lorri Lee Griffin	Sarah Hatton, Deputy of Administration (meeting co-facilitator)
Chiquita Hubbard	Dr. Lisa Price Stevens, Chief Medical Officer
Sheila Johnson	Richard Rosendahl, Deputy for Healthcare Analytics & Transformation
Kyung Sook Jun	Ivory Banks, Chief of Staff
	John Kissel, Deputy Director for Technology
	Speakers/Facilitators
Present: Virtual	Laura Boutwell, Director, Quality and Population Health Division, DMAS
Leah Leuschner	Lisa Jobe-Shields, Division Director, Behavioral Health, DMAS
Sabrina Redd	Nichole Martin, Director, Office of Community Living, DMAS
Craig Thomson	DMAS Support Team Members
	Natalie Pennywell, Manager, Outreach and Community Engagement (meeting organizer and facilitator)
Absent	Dalia Tejada Halter, Outreach and Member Engagement Specialist (meeting organizer)
No Members	Dorothy Swann, Outreach and Member Engagement Specialist (meeting organizer)
	Sonya Scott, ITS Operations Analyst (technology support)
	Kelly Bradshaw, Sr Operations Analyst (technology support)
	Kristin Lough, Hearing and Legal Services Officer II (prepared minutes)
	Anita Ayres, Digital Content Manager (Photographer)
	Closed Caption
	HAMILTON-VA Relay Remote Conference Captions (RCC) Representative
	Jesus A Perez, Civil Rights Compliance Specialist, DMAS

Attendance					
# of Committee Members	# of ELT Members	# of Speakers	#of Support Team Members	# of General Public	Total
10	9	3	9	13	44

Welcome and Call To Order

Natalie Pennywell called to order the meeting of the Medicaid Member Advisory Committee (MAC or Committee) at 10:05 a.m. on Monday, August 14, 2023, in-person and via WebEx online meeting platform. Members of the MAC committee, DMAS executive leadership team members, speakers, meeting support staff, and visitors were asked to introduce themselves.

Member Introduction

Ms. Pennywell asked members to state their presence for the roll and to introduce themselves, indicate where they are in Virginia, and who they represent on the MAC. The committee members, residing in different regional areas around the state, introduced themselves and stated who they are representing.

Review and Vote to Approve Minutes from Meeting on June 12, 2023

Each of the MAC members were provided a copy of the June 12, 2023, 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.

MAC member Wendy Bender made a motion to accept the draft minutes from the June 12, 2023, meeting. MAC member Kyung Sook Jun seconded the motion to accept the minutes. Ms. Pennywell offered the Committee the opportunity to provide objections or changes to the minutes. The Committee then voted to approve the minutes with a unanimous vote.

Presentation – Spouse/Parent Caregiver

Nichole Martin – Director, Office of Community Living

Ms. Martin indicated that prior to COVID, legally responsible individuals were not eligible for reimbursement for personal care services. Legally responsible individuals include parents of minor children and spouses. During COVID, the Centers for Medicare and Medicaid Services (CMS) released Appendix K, which allowed those individuals to be reimbursed. Appendix K is active until November 11, 2023, six months after the end of the PHE. After that time, the General Assembly will require families to prove that nobody else is available to provide that care to continue receiving reimbursement for providing personal care services. DMAS sought to update the waiver through CMS to approve this extension, including defining circumstances when a legally responsible person could be paid. DMAS proposed that the individual would have to prove nobody else was available to provide the care, and the reimbursement is capped at 40 hours per week. A personal care agency would hire a legally responsible individual and would provide quarterly in-person visits. The state would conduct quality reviews. The employer must be local to the individual to manage services adequately, and DMAS will only reimburse for unskilled tasks. DMAS requires the employee to outline daily tasks in writing. Public comment ended July 27, 2023, and submitted the application to CMS. DMAS is awaiting a decision from CMS. Once DMAS receives

approval from CMS, it will begin home sessions with stakeholders like families, providers, service facilitators, and agencies.

Questions posed by members included:

How will families demonstrate that nobody is available to provide this care? Families will start by looking for care providers. Some nurses provided by a local agency have been incapable of providing the necessary care. Parents or caregivers can work with agencies to be hired directly to make the process smoother.

Will DMAS define extraordinary care? Some families are unaware of what services are outside of the scope, and DMAS should do training for service facilitators and providers to define what services are in scope. DMAS was required to determine extraordinary care to CMS, and it will be defined upon approval. There are training resources released quarterly, so some of that is currently available.

What if a member is authorized to receive more than 40 hours of care per week? The service authorization of hours may be higher than the number of hours for which a legally responsible individual may be reimbursed.

Presentation – Behavioral Health Care in the Community

Lisa Jobe-Shields, Ph.D. – Division Director, Behavioral Health

Dr. Jobe-Shields thanked members for participating in the MAC and introduced Addiction and Recovery Treatment Services (ARTS), which was implemented in 2017 and provides care for 53,000 members. DMAS is in the early stages of renewing the ARTS waiver, which must be renewed every five years. Provider types serving Medicaid have increased significantly, including providers for care that had not been available in the Commonwealth prior to the ARTS waiver. Project BRAVO enhanced behavioral health services within Virginia to close gaps in mental health services and Medicaid. It prioritizes nine services and changing the reimbursement type and rates. Project BRAVO created a crisis services continuum, which hopes to provide care within an hour. Crisis services allow immediate, within the first 72 hours, and longer-term crisis services. These services include a place to go for assessment, “a recliner” for 23-hours care, or residential care, to ensure stabilization. Virginia has a specific fourth type of care called community stabilization, which is a bridge between mobile crisis response and more extended care, providing referrals to an outpatient provider. Virginia is getting closer to a complete continuum for youth and adults, but there is work to do.

“Right Help. Right Now.” It is a plan to improve behavioral health. There are six pillars, 1. Ensuring same-day care, 2. Reduce the burden on law enforcement, 3. Increase capacity, 4. Targeted support for substance use disorder, 5. Make the behavioral health workforce a priority, and 6. Identify service innovations and best practices in care models. DMAS is also working to make the transition from incarceration to home more stable, as well. The Virginia Medicaid Behavioral Health Dashboard has been active for more than a year, and it provides information about funding and services provided within the community.

Questions and comments raised by Committee Members included:

The Project BRAVO memo increased care in northern Virginia. A comparison study through Managed Care Organizations could assist members in choosing the correct MCOs that could provide care. There was a suicide outside of a Community Services Board that occurred after a mobile crisis referral, but before the mobile crisis team was able to reach the individual.

The VCU pediatric emergency room almost always has someone in a bed with a police officer outside the room because they were not able to find the correct residential facility due to lack of space, referral, or other issues. Additionally, other children are refused care due to medical needs outside of mental health needs, like requiring seizure medication. Residential facilities cannot compel those children to take seizure medication in the facility.

The parent of a school-aged child sees that the behavioral services are not integrated in the school system but believes some symptoms could be mitigated by integration. Many parents must choose between sending a child to school without all the necessary care or provide homeschooling to ensure the child has access to all necessary care, like occupational therapy, that would not be available in the school. What is DMAS contemplating to increase workforce capacity and community capacity? Behavioral innovation planning assistance could help to implement assessments, which would help parents and teachers to identify and implement what the child needs. DMAS will be looking at school-based and crisis services.

Presentation – Quality Measures and Quality Improvement

Laura Boutwell – Director, Quality and Population Health

Ms. Boutwell thanked members for participating in the MAC and defined the DMAS mission: to improve the health and welfare of Virginians through access to high-quality healthcare coverage. DMAS intends to increase quality reporting and seeks to report internally and externally. The DMAS Quality Strategy is a three-year plan to drive quality through the Commonwealth, including setting goals, creating objectives, designing interventions, and monitoring outcomes through measures. The current main goals are to enhance the member care experience, promote access to safe, gold-standard patient care, support efficient and value-driven care, strengthen the health of families and communities, and provide whole-person care for vulnerable populations. Ms. Boutwell outlined strategies specifically for prenatal and postpartum care quality improvement. Healthcare Effectiveness Data and Information Set (HEDIS®) is a performance measure, that requires auditing, both externally and from DMAS, of providers. HEDIS measures for individual MCOs are available on the DMAS website for large categories and specific measures under each of the larger categories. The DMAS website includes additional reporting in the Office of Quality and Population Health section, and members can use the navigation panel on the website. Ms. Boutwell asked the MAC members to present public comments when the Quality group seeks feedback.

Questions and comments presented by members included:

A member has had over 70 appeals, but they were tracked as one grievance. How can that be tracked in the system? Ms. Boutwell will follow up about the appropriate systems.

HEDIS is very helpful when identifying the appropriate MCO to obtain the best care for the member's needs. Written safety plans have become important with some behavioral health needs and can improve and hurry care for those in crisis.

Does DMAS have ways to track transportation assistance? A member has encountered difficulties with transportation. Ms. Boutwell and Ms. Fegans indicated that they would assist in contacting transportation providers using the information on the back of the Medicaid card and asking direct questions as necessary.

Public Comment

Craig Thomson noted that the internal grievance process with the MCO is helpful to identify the best provider who appears for rides to appointments. After a number of grievances, members can obtain specific contact information to ensure appointment rides.

Sabrina Redd thanked the DMAS team and presenters for the MAC and the opportunity to speak.

Chiquita Hubbard thanked the MAC for the opportunity to appear and speak up about the policies and their impact on members. Assistance and coordination within the school will improve children's development and outcomes. Consumers must speak up to ensure DMAS is aware of the problems and needs of the members.

Kyung Sook Jun stated that mobile crisis was unable to come out to assist her family member and that she hopes localities create more mobile crisis responders. For family members who have aged out of school, they do not have anywhere to go, and family members have had to stop working to care for older high-need members. Ms. Jun is concerned for the entire family when children age out of school. Dr. Jobe-Shields noted that DMAS is trying to increase the number of providers in the area. Measuring what providers are available where, identifying needs, and identifying unserved areas then underserved areas.

Adjournment

Ms. Pennywell thanked the Committee for joining the DMAS support staff who helped implement the meeting, and she stated that DMAS would evaluate the MAC member questions and comments to create agenda topics for future meetings.

Deputy Hatton thanked everyone for their participation and asked members to provide questions and concerns to the MAC inbox to drive topics for future meetings.

Ms. Pennywell thanked members for their participation and adjourned the meeting at 11:56 a.m.

VIRGINIA'S MEDICAID PROGRAM

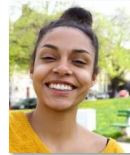


Presentation: Navigating Services for Children & Young Adults with Special Needs

Presenter:

Ann Bevan, Director, High Needs Support.

Virginia Department of Medical Assistance Services



Navigating Developmental Disabilities Waiver Services for Children and Young Adults

**ANN BEVAN, DIRECTOR
DIVISION OF HIGH NEEDS SUPPORTS,
DEPARTMENT OF MEDICAL ASSISTANCE
SERVICES**

DMAS

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Definitions

MCO =Managed Care Organization

CSB= Community Services Board

BHA =Behavioral Health Authority

MES =Medicaid Enterprise System

DBHDS= Department of Behavioral Health and
Developmental Services

DHCD= Department of Housing and Community
Development

ICF= Intermediate Care Facility

FIS= Family and Individual Supports waiver

BI- Building Independence waiver

DMAS

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Coordination of Care and Supports



- ❑ How can CSB/BHA Support Coordinators, MCO Care Coordinators, Schools, providers work together to coordinate care?
- ❑ Providers are expected to collaborate with other providers to share information freely for the purpose of improving care for the individual.

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How do I find a provider?

The Support Coordinator will work in collaboration with the individual and family to locate a provider for desired services.

- DMAS MES Provider Search: <https://vamedicaid.vaxix.net/Search>
 - Search by provider name, location, NPI, or service type
- DBHDS Licensed Provider Search: [VADBHDS / Virginia Department of Behavioral Health and Developmental Services \(glsuite.us\)](https://vadbhds.virginia.gov/glsuite.us)
 - Search by provider name, location, license type, service type, demographics (children, adults, geriatric), or diagnosis (mental illness, brain injury, developmental disability, or substance abuse)
- Virginia Navigator: [disAbilityNavigator | Your Nonprofit Guide to Disability Services and Resources in Virginia](https://disabilitynavigator.org/)
 - Search by location, service or key word.
- My Life My Community Provider Database: [Find a Provider | My Life My Community \(mylifemycommunityvirginia.org\)](https://mylifemycommunityvirginia.org/)
 - Search by location and waiver service. Can also locate providers with autism badge, behavioral supports badge, complex care badge, and accessibility badge.

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DMAS

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Housing and Residential Supports

Housing options include DD waiver residential supports, ICF ID and rental assistance programs.

- DBHDS housing team: [Housing Information for People with a Developmental Disability - Virginia Department of Behavioral Health and Developmental Services](#)
- Community Housing Guide: [Resources for Community Housing Guides - Virginia Department of Behavioral Health and Developmental Services](#)
- Housing Choice Voucher: [Housing Choice Voucher - Virginia Department of Behavioral Health and Developmental Services](#)
- SRAP: [State Rental Assistance Program - Virginia Department of Behavioral Health and Developmental Services](#)
- If you are homeless and need immediate assistance, [use the crisis assistance directory](#) from VA DHCD to find the housing or homelessness crisis hotline in your area.

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DMAS

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Student Transition Guidance Document

- ❑ HB1659 and SB830 called for the creation of a workgroup to develop best practice standards for the transfer of records and transition of students with disabilities from the school system to the adult service system.
- ❑ Document draft is being finalized and full version will be placed online at the My Life My Community Website later this year.
- ❑ This effort will consolidate information and resources for youth and young adults with disabilities in one place.

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Student Transition and Young Adult Resources

- ❑ The US Department of Education has a blog that provides general information about transitions. [Successful Transitions for All Blog Series | Office of Special Education and Rehabilitative Services Blog](#)
- ❑ Virginia Parent Educational Advocacy Training Center: [Transition to Adulthood - PEATC](#)

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Telehealth

New option to deliver services via Telehealth-this could help to expand services to rural areas or areas with a low number of providers available.

1. Group Day Services
2. Group and Individual Supported Employment
3. In-Home Support Services
4. Community Coaching
5. Community Engagement
6. Community Guide
7. Independent Living Support (BI only)
8. Individual and Family/Caregiver Training (FIS only)
9. Peer Support
10. Services Facilitation (only specific elements)
11. Therapeutic Consultation
12. Work Place Assistance



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DMAS

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Legally Responsible Individuals (LRI) Update

LRI as paid attendant approved as a new permanent option for families when no other attendants or services are available.

-CMS Approved permanent provision for LRI as a paid attendant through Agency or Consumer Directed on 9/18/23.

-Nov. 11th is the date Appendix K ends and new permanent LRI as paid attendant goes into affect.



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DMAS

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Questions?



Thank you!

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DMAS

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Presentation: *Virginia Medicaid Resource Navigation - Cover Virginia IVR*

Presenters:

Janice Holmes, Assistant Division Director, Eligibility and Enrollment Services.

Danielle Nowell, Program Operations Manager, Cover Virginia Program, Eligibility & Enrollment
Virginia Department of Medical Assistance Services



COVER VIRGINIA

INTERACTIVE VOICE RESPONSE SYSTEM

NOVEMBER 2023

DMAS

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Interactive Voice Response (IVR) System

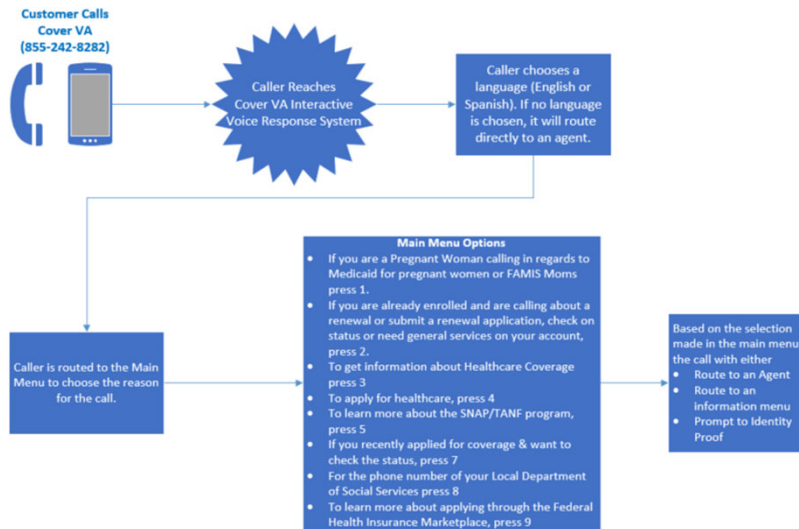
- IVR 101:
 - Definition: An Interactive Voice Response system is an automated telephony system which allows callers to choose certain prompts without speaking with an agent, such as:
 - choose a language to hear prompts in,
 - access information via pre-recorded messages,
 - access case-specific information if identity proofing requirements are met,
 - transfer to other entities and if needed.
 - If needs are not resolved within the IVR, the caller has the option to speak with an agent.
 - Within the IVR, the caller can choose the reason for their call and will be routed to the designated queue assigned to that call reason, ensuring the call is routed to a properly trained Customer Service Representative (CSR) for handling.
 - Once a call routes through the IVR, it will be assigned to an agent on a first in, first out basis.

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DMAS

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IVR Flow



3

DMAS

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Cover Virginia IVR

• Cover VA IVR Specifics

- If a caller chooses that they are calling to check an application status, case status, or to request a new Medicaid ID Card, they will be prompted to complete the Identity Proofing process.
 - This requirement includes:
 - Application T number or Case number
 - Date of birth (MM/DD/YYYY)
 - Full Social Security Number (if applicable)
 - Zip Code
 - First three letters of the first name
 - First three letters of the last name
 - If successful, the Cover VA IVR will ping the VaCMS system and pull back the corresponding application or case status.
 - If a Medicaid ID card request was chosen, the caller will be able to place that request in the IVR once Identity Proofing is passed.
 - If Identity Proofing is unsuccessful, the caller will immediately be transferred to an agent.

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Cover Virginia IVR

- Features
 - If a caller chooses to Apply, they are transferred directly to an agent.
 - If a caller chooses “existing customer” – they will be given additional options.
 - If a caller requests their Local Agency’s phone number, they will be prompted to enter their zip code which will then provide their corresponding agency’s phone number.
 - After hours, callers are given the option to leave a message which will be returned on the next business day.

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DMAS

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Cover Virginia IVR

- Features:
 - Callers can press 0 from any menu to route to an agent. Exceptions are the Language and Main Menus.
 - If prompted to make an option three times with no selections made, the IVR will automatically transfer to an agent for handling.
 - If the appropriate selections are chosen, the IVR will systematically transfer the callers to the Enterprise Call Center, who handle calls for the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs, and the Health Insurance Marketplace.
 - If callers need to access the previous menu, they can do so by pressing 9. Exception to this is the Main Menu as that is the first menu.
 - If the caller needs information repeated, they press the star key.

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DMAS

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VIRGINIA'S MEDICAID PROGRAM



Presentation: *Virginia Medicaid Resource* ***NEW MOM WELCOME FLYER***

Presenters:

Rebecca Anderson, Manager Maternal and Children's Health Programs, Health Care Services
Maryssa Sadler, Maternal and Women's Health Program Operation Analyst
Virginia Department of Medical Assistance Services



VIRGINIA MEDICAID MATERNITY SERVICES

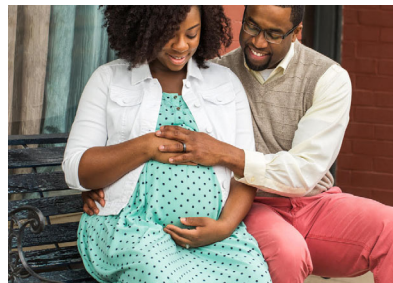
Maryssa Sadler- Maternal and Women's Analyst

Virginia Department of Medical Assistance Services
November 13th, 2023

1

Overview

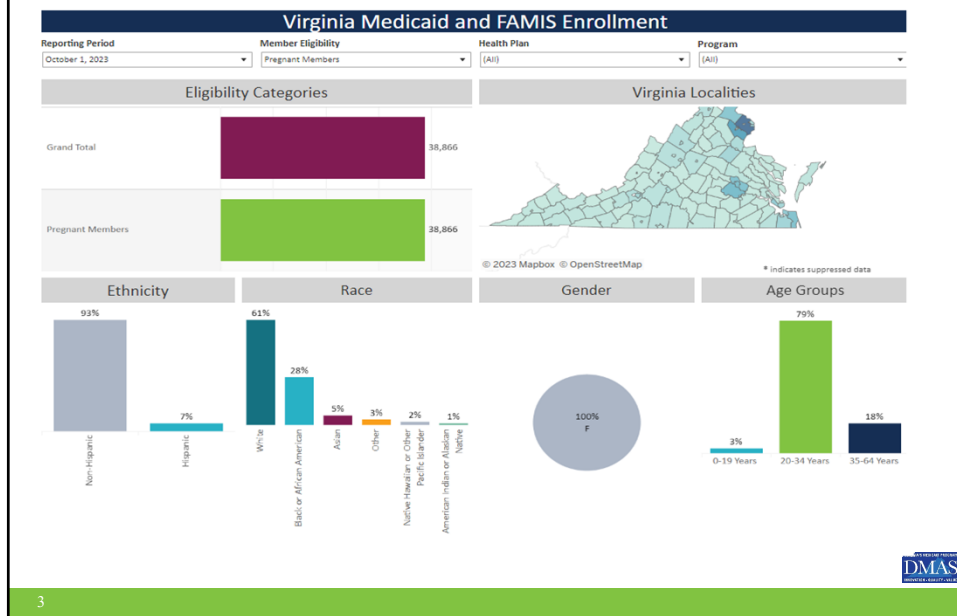
- ☐ Pregnancy Coverage
 - Numbers of women covered
- ☐ Maternity Program
 - Baby Steps Virginia
 - Services and Benefits
 - Postpartum Services
- ☐ New Mom Letter



2

2

Virginia Medicaid Covers 38,000 Births Per Year



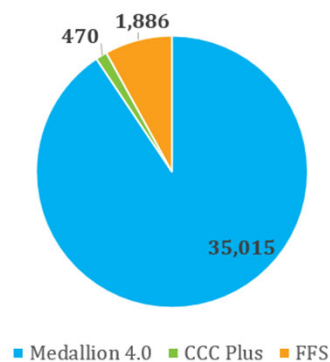
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Monthly Member Enrollment

Total Number of Pregnant Members in Medicaid and FAMIS MOMS for September 2023

37,371

Total Pregnant Member Enrollment by Delivery System/Program



DMAS

4

Baby Steps VA- Focus Areas

Eligibility and Enrollment

- Making newborn and maternity enrollment easier

Outreach and Information

- Sharing information with members, providers, health insurance plans, etc.

Connections

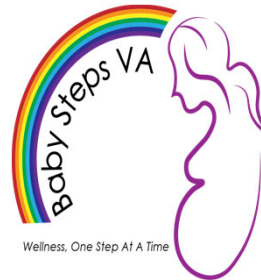
- Involving providers, clinics, hospitals and other state agencies in plans to learn and improve

New and Improved Services and Policies

- Collaborating on various projects to enhance services

Program Oversight

- Using data to monitor and improve programs



5

Cover VA

Insurance for Pregnant Individuals

- Medicaid for pregnant members
- FAMIS MOMS
- FAMIS Prenatal Coverage

FAMIS stands for Family Access to Medical Insurance Security. This is Virginia's CHIP program for kids and pregnant women.



6

Medicaid for Pregnant Individuals

What's Covered?

- Full health care benefits during your pregnancy and for one year after your baby's birth
- 12 months postpartum coverage (After your baby is born)



DMAS
Division of Medical Assistance Services

7

7

FAMIS MOMS

What's Covered?

- Health care benefits during pregnancy before and after pregnancy
- 12 months postpartum coverage (After your baby is born)
- Income based

Free Health Insurance During and After Your Pregnancy

FAMIS MOMS and Medicaid for Pregnant Women provide complete health coverage for women when they are expecting a baby. Good health care during pregnancy is important for you and your baby. Getting early and regular prenatal care increases the likelihood of a healthy birth. Extended postpartum coverage for you is now available for one full year after the birth of your baby. Your health care coverage will continue during that time even if your income changes.

BENEFITS

FAMIS MOMS and Medicaid for pregnant women cover prenatal and childbirth services, plus much more. They provide complete health care coverage during pregnancy and for one full year after the end of the pregnancy. FAMIS MOMS and Medicaid also have special services for women with high-risk pregnancies. At the end of your extended postpartum period, you may still qualify for health coverage. With FAMIS MOMS and Medicaid for Pregnant Women, there are no enrollment fees or monthly premiums and there are no co-pays for pregnancy related services.

ELIGIBILITY

To be eligible for FAMIS MOMS or Medicaid for pregnant women you should:

- Be pregnant or be within the 12 month period after your pregnancy ends (Medicaid may provide up to 3 months retroactive coverage)
- Be a resident of Virginia
- Be a U.S. citizen or a lawfully residing immigrant
- Currently be uninsured (For FAMIS MOMS only)
- Meet family income guidelines

Family Size**	Income Limits for FAMIS MOMS*	
	Yearly	Monthly
2	\$46,036	\$3,836
3	\$55,963	\$4,664
4	\$65,509	\$5,461
5	\$75,037	\$6,253
6	\$84,514	\$7,043
7	\$94,111	\$7,842
8	\$103,648	\$8,638
For additional persons	\$10,517	\$875

Figures effective January 20, 2023. Figures adjusted annually.
* includes 1% standard disregard
** gross income before taxes
*** count the unborn child/ren as additional persons

Women not eligible for FAMIS MOMS or Medicaid for pregnant women may be eligible for FAMIS Prenatal Coverage. For more information, go to: <http://coverva.org/ov/FAMIS-PrenatalCoverage>

HOW TO APPLY

Women can apply for FAMIS MOMS and Medicaid the same way that families currently can apply for FAMIS for their children. Applying is easy:

1. Apply online at www.coverva.org.
2. Apply by calling toll-free 1-833-SCALVA anytime between 8 am and 7 pm, Monday through Friday or 9 am to 12 noon on Saturday. Interpreters are available in most languages. The hearing impaired can call the TTY line at 1-888-221-1595. OR
3. Apply at your local Department of Social Services.

Visit www.coverva.org for more information.

Free Info for You and Your Baby. Text BABY to 834141

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8

8

12 Months Postpartum Coverage

- The 12 months postpartum expansion officially took effect **July 1, 2022**.
- The **12-months postpartum continuous coverage** is a **permanent policy change** that is no longer associated with the Public Health Emergency (PHE).



The 12 months postpartum **continuous coverage** applies to all pregnant full-benefit Medicaid and FAMIS MOMS members.



It is **not** limited to pregnancy coverage groups.



Individuals remain enrolled in coverage during pregnancy and through 12 months postpartum. Their coverage is protected **regardless of income changes**.



Eligible Individuals can enroll **even after giving birth (during the postpartum period)** and remain enrolled regardless of income changes.

9

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FAMIS Prenatal Coverage

What's Covered?

- Limited to coverage of pregnancy
- Full pregnancy coverage for those who do not meet immigration status
- These women do not qualify for Medicaid or FAMIS Moms
- 60 days postpartum coverage (After your baby is born)

FAMIS Prenatal Coverage



FAMIS Prenatal Coverage is full coverage for pregnant individuals who do not meet immigration status rules for other coverage. You may **also** need to meet immigration status rules, provide immigration documents, or have a Social Security number to be eligible for FAMIS Prenatal Coverage. You **do** need to meet income rules.

WHAT IS COVERED?

Comprehensive medical coverage including, but not limited to:

- Doctor visits (prenatal checkups plus general and specialty care for other health concerns)
- Prescription medication
- Prenatal screening and testing
- Your hospital stay for the birth
- Dental benefits
- Behavioral health benefits, such as therapy and treatment for depression or anxiety, or help to quit smoking or using alcohol or other drugs

Your coverage can start as early as the month you apply and lasts through two months after you give birth. There are no copays, premiums or other costs.

WHO IS ELIGIBLE?

To be eligible for FAMIS Prenatal Coverage you must:

- Provide the estimated date of your delivery and how many children you are expecting
- Live in Virginia
- Meet income rules
- Be uninsured

Income Limits for FAMIS MOMS*

Household Size**	Yearly	Monthly
2	\$40,426	\$3,369
3	\$50,963	\$4,247
4	\$61,500	\$5,125
5	\$72,037	\$6,004
6	\$82,574	\$6,882
7	\$93,111	\$7,760
8	\$103,648	\$8,638
Each additional person	\$10,537	\$879

*Effective January 10, 2022, include the standard disregard income limits change annually. Based on gross income which is your income before taxes and deductions.

**Count the unborn children as additional persons

ENROLLING YOUR NEWBORN

Your baby may be eligible for health care through the Medicaid or FAMIS programs for children! After your baby is born, call Cover Virginia (1-800-242-8282), your local Department of Social Services worker (caseworkers@dmass.virginia.gov), or go online to Commonwealth at www.commonwealth.virginia.gov to tell us about your newborn so we can see if your baby is eligible. You can also ask the staff at your hospital to submit that information for you!

HOW TO APPLY

Apply online at www.commonwealth.virginia.gov. Call the Cover Virginia Call Center at 1-800-242-8282 (TDD: 1-888-221-1190). Translation and interpretation services are available in all languages. Mail, drop off, or fax a paper application (English or Spanish) to your local Department of Social Services. Find your nearest local department of social services by visiting www.dhs.virginia.gov/locations/.

FAMIS is a program of the Commonwealth of Virginia. FAMIS Prenatal by 2022



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New Mom Letter for Medicaid members

Welcome MOM!

We are thrilled to be a part of this journey with you and want to share the free services we offer to help you have a healthy pregnancy and healthy baby! To get more information about what is covered, visit www.coverva.org

Free Pregnancy services, as a Medicaid member, include:

- Prenatal Care – Care while you are pregnant
- Labor and Delivery – Care to deliver your baby
- Postpartum Care – Care after your baby is born
- Dental/Oral Care – Dental care received before and after your pregnancy
 - Call Smiles for Children at 1-888-912-3456 to schedule a dental appointment or visit www.dentaquest.com
- Transportation – Non-emergency transportation to your visits
 - Call 1-888-336-8331 or you managed care plan to arrange for transportation to medical appointments
 - Book your transportation the same day you book your doctor's appointment to make sure you have a ride

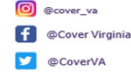
Once enrolled in Medicaid, you will receive your health coverage through a managed care health plan. To find out which health plan works best for your providers, or to choose your health plan:

- Download the free Virginia Managed Care App on your Android or iPhone
- Visit <https://virginiamanagedcare.com>
- Call the Managed Care Helpline at 1-800-643-2273

DURING your Pregnancy

- Make an appointment with your doctor as soon as possible, and ask if they accept Medicaid, FAMIS Moms or your Managed Care Plan.
 - Reach out to your health plan about available care coordination services during your pregnancy.
 - Text **BABY** to **511411** or go to www.text4baby.org to receive free text messages that provide support to pregnant women and new moms
 - Talk to your doctor about your diet and any medicine or drugs you are taking or if you smoke or drink
 - Call **Quit Now Virginia** at 1-800-784-8669 to get help to quit smoking and free text messages from **Text2Quit**
 - Choose a pediatrician so your baby can begin receiving well child checkups in the first year
 - Contact the **WIC Program** at 866-942-3663
- Give your baby time to develop and grow!**
As long as your pregnancy is healthy, it is best to allow for labor to begin on its own.
- Continuing your care after you deliver is essential to a healthy recovery!

Follow us on social media!



AFTER your Delivery

- **How to Ensure BABY is Covered:** Immediately call **Cover Virginia** at **1-855-242-8282** (toll free) or your eligibility worker at your local Department of Social Services to inform them of the birth of your child. **Coverage is only effective after you have received a confirmed Medicaid number for your newborn baby.**
- Make an appointment with your baby's doctor for a well-child visit once you get home. Well baby exams are an important way to monitor your baby's growth and development and check for serious problems.
- Schedule your postpartum appointment to see your doctor 6 to 8 weeks after you have your baby.
- Medicaid has extended your coverage after you deliver for an additional 12 months!
 - Call Cover Virginia at 1-855-242-8282 (toll free) or your eligibility worker at your local Department of Social Services
 - Look for a Notice of Action letter from your local department of social services that will let you know if you qualify for continued coverage under the Medicaid Expansion program.

Keep this letter as a [resource](#)



Thank You!

For additional information please email:

babystepsva.@dmas.virginia.gov

Additional Resource Links:

[Maternal Health Annual Report](#)

[Cover VA- Pregnant Individuals](#)



VIRGINIA'S MEDICAID PROGRAM



Public Comment

Open to the Public

- Public comment period is 15 minutes.
- Those wishing to make a public comment must join via the WebEx link or In-person.
- Send a message to one of the hosts or place your full name in the comments to be recognized during this time.
- Each speaker will be granted only 2 minutes to speak.

VIRGINIA'S MEDICAID PROGRAM



2023 Meeting Dates

- Monday, June 12, 2023, 10:00 AM - 12:00 PM
- Monday, August 14, 2023, 10:00 AM - 12:00 PM
- Monday, November 13, 2023, 10:00 AM - 12:00 PM

VIRGINIA'S MEDICAID PROGRAM



Adjournment

Natalie Pennywell / Presenter

Outreach and Community Engagement Manager

Community Outreach and Member Engagement Team (COMET)
Virginia Department of Medical Assistance Services (DMAS)



Medicaid Member Advisory Committee Agency Support

VIRGINIA'S MEDICAID PROGRAM



Medicaid Advisory Committee

Agency Support

Steering Committee

- Dorothy "Dot" Swann, Outreach and Member Engagement Specialist
- Dalia Tejada Halter, EdD, MBA, Outreach and Member Engagement Specialist Bilingual
- Natalie Pennywell, MPH, CHES, Outreach and Community Engagement Manager

Administrative Support

- Cheryl Roberts, Agency Director
- Sarah Hatton, MHSA, Deputy of Administration, Director's Office
- Sara Cariano, Division Director, Eligibility Policy and Outreach

DMAS Support Staff

- Mary Olivia Rentner, Public Relations Coordinator (Photographer)
- Kristin Lough, Hearing Officer (Minutes)
- Jesus Perez, Civil Rights Compliance Specialist (Closed Captioning)
- Sonya Scott, ITS Operations Analyst (Technology Support)

Medicaid Member Advisory Committee (MAC)

Department of Medical Assistance Services (DMAS)

Commonwealth of Virginia

600 East Broad Street, Richmond, VA 23219

Email: mac@dmass.virginia.gov

Website: <https://www.dmass.virginia.gov/for-members/member-advisory-committee>

Cover Virginia: <https://coverva.dmass.virginia.gov>

Cover Virginia Email: covervirginia@dmass.virginia.gov

VIRGINIA'S MEDICAID PROGRAM



2024 Meeting Dates

- Monday, April 8, 2024, 10:00 AM - 12:30 PM
- Monday, June 10, 2024, 10:00 AM - 12:30 PM
- Monday, August 12, 2024, 10:00 AM - 12:30 PM
- Monday, October 14, 2024, 10:00 AM - 12:30 PM

VIRGINIA'S MEDICAID PROGRAM

DMAS

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ABOUT VIRGINIA'S MEDICAID ADVISORY COMMITTEE

Virginia is one of only two states to create a Medicaid Member Advisory Committee made up exclusively of members and their authorized representatives. Launched in April 2019, the group meets quarterly to provide the Medicaid Director with valuable feedback and recommendations on the agency's programs, policies, services and communications.

The committee members represent all regions of the state and a cross-section of Medicaid programs. Through their participation, they are helping to make Medicaid more accessible and effective in serving our larger membership.