CHIPAC
Children's Health Insurance Program Advisory Committee of Virginia

MEETING MINUTES

Meeting Minutes
12/7/23

A quorum of the full Committee attended the meeting virtually through Webex.
The Webex link was also made available for members of the public to attend virtually.

The following CHIPAC members were present virtually:

• Freddy Mejia (Vice Chair)	The Commonwealth Institute for Fiscal Analysis
• Shelby Gonzales	Center on Budget and Policy Priorities
• Emily Moore	Voices for Virginia's Children
• Dr. Susan Brown	American Academy of Pediatrics, Virginia Chapter
• Michael Muse	Virginia League of Social Services Executives
• Emily Roller	Virginia Health Care Foundation
• Hanna Schweitzer	Dept. of Behavioral Health and Developmental Services
• Kelly Cannon	Virginia Hospital and Healthcare Association
• Jennifer Macdonald	Virginia Department of Health
• Heidi Dix	Virginia Association of Health Plans
• Martha Crosby	Virginia Community Healthcare Association
• Estella Obi-Tabot (interim)	Joint Commission on Health Care

The following CHIPAC members sent a substitute:

• Alexandra Javna (Amy Edwards)	Virginia Department of Education

The following CHIPAC members were not present:

• Dr. Nathan Webb	Medical Society of Virginia
• Irma Blackwell	Virginia Department of Social Services

I. **Welcome** – Freddy Mejia, CHIPAC Vice Chair, called the meeting to order at 1:03 pm. Meija welcomed committee members and members of the public and explained that the meeting would be all-virtual.

Attendance was taken by roll call.

II. CHIPAC Business

A. Review and approval of minutes from September 7 meeting – Committee members reviewed draft minutes from the September 7 meeting. Kelly Cannon made a motion to approve the minutes; Jennifer Macdonald seconded, and the minutes were approved by majority vote (Yea: Brown, Cannon, Crosby, Gonzales, Macdonald, Mejia, Moore, Muse, Obi-Tabot, Roller; Nay: 0; No vote recorded: Dix, Edwards, Schweitzer).

B. Membership items – Hope Richardson, DMAS Policy Division, explained that after Sara Cariano's resignation as CHIPAC Chair, the Executive Subcommittee met in October to discuss committee leadership. The Executive Subcommittee voted to nominate Freddy Mejia, CHIPAC Vice Chair, to serve as CHIPAC Chair. Richardson explained that the full committee could vote on this nomination. Shelby Gonzales made a motion to confirm Mejia as chair, Estella Obi-Tabot seconded, and Mejia was confirmed as Chair by majority vote (Yea: Brown, Cannon, Dix, Gonzales, Macdonald, Moore, Muse, Obi-Tabot, Roller; Nay: 0; No vote recorded: Crosby, Edwards, Mejia, Schweitzer).

Mejia then explained that the Executive Subcommittee nominated Emily Roller, Virginia Health Care Foundation, to serve as the new committee Vice Chair, and that the full committee could vote on this nomination. Emily Moore made a motion to confirm, Heidi Dix seconded, and the Roller was confirmed as Vice Chair by majority vote. (Yea: Brown, Cannon, Crosby, Dix, Gonzales, Macdonald, Mejia, Moore, Muse, Obi-Tabot; Nay: 0; No vote recorded: Edwards, Roller, Schweitzer)

The committee then considered two nominations for new members, Kenda Sutton-EL of Birth in Color, and Sarah Bedard Holland of Virginia Health Catalyst. Emily Moore made a motion to approve Kenda Sutton-EL's membership, Heidi Dix seconded, and Sutton-EL was confirmed by majority vote (Yea: Brown, Cannon, Dix, Gonzales, Macdonald, Mejia, Moore, Muse, Roller, Schweitzer; Nay: 0; No vote recorded: Crosby, Edwards, Obi-Tabot).

Emily Moore then made a motion to approve Sarah Bedard Holland's membership; Emily Roller seconded, and Holland was confirmed by majority vote (Yea: Brown, Cannon, Dix, Gonzales, Macdonald, Mejia, Moore, Muse, Obi-Tabot, Roller, Schweitzer; Nay: 0; No vote recorded: Crosby, Edwards).

III. Virginia Medicaid Unwinding Update

Jessica Annecchini, DMAS Senior Policy Advisor for Administration, provided an

update on the process of unwinding from the federal public health emergency and redetermining Medicaid members' eligibility. The Unwinding of the Continuous Coverage Requirements has been in effect since March of 2023. While the coverage requirement ended March 31, 2023, states have been in planning mode since the PHE of March of 2020 to return to normal enrollment. The DMAS and Cover Virginia websites include information on Virginia's unwinding plan and any active flexibilities. Several provider flexibilities ended on November 11th, however, some flexibilities allowed through the 1902(e)14 waiver process remain in effect through the entirety of unwinding. The Medicaid.gov unwinding page goes into detail on the number of allowable flexibilities and a breakdown by state of the number and type of flexibilities adopted by each state/territory.

The redetermination dashboard, found under the Data tab on the DMAS website, has been enhanced over the summer to include additional demographic details, as well as more information on a regional and locality level basis. The closure tab gives additional information on closure reasons and the comparison of procedural vs. nonprocedural closures. DMAS is working with VDSS as well as stakeholders, advocates, and managed care health plans to ensure as many members turn in their renewal information as possible so that all members receive a full redetermination, whether that results in continued coverage or a transition referral for Marketplace coverage or cost sharing programs if eligible. In November of 2023, a procedural churn tab was added to the dashboard that shows the number of individuals closed for procedural reasons each month, and if they are reinstated coverage within their three-month reconsideration period.

As of 12/06/2023, 1,384,424 members have been redetermined of the 2,166,381 unwinding cohort as of 03/2023. (Note: this cohort is only individuals who were active and expected to receive a redetermination during unwinding. This does not include any new members added to the enrollment population since March of 2023.) Out of the members redetermined, 1,152,436 members retained coverage (83%) and 231,988 members were closed (17%). Overall, Virginia has completed 63.9% of all redeterminations needed for the unwinding cohort, which is due to the amazing work DMAS, VDSS, Cover Virginia has done, as well as the invaluable collaborations with stakeholders, advocates, and managed care health plans to ensure all eligible Virginians have access to high quality health care.

IV. DMAS Policy and Eligibility Updates

Sara Cariano, Director DMAS Division of Eligibility Policy and Outreach Division presented on eligibility updates.

Effective 1/1/24 children in Med and FAMIS will remain enrolled in 12 month protected coverage period regardless of changes in circumstances. Limited exceptions include turning age 19, moving out of state, member/representative requests termination of coverage, eligibility granted due to agency error or fraud/abuse, perjury, or death of

the enrolled child. Medicaid children remain in Medicaid and may not be moved to FAMIS during the (Continuous Eligibility) CE period. FAMIS children may be moved to Medicaid coverage if they qualify, but can't be disenrolled during the CE period. Obtaining other qualifying health coverage is not an exception to the CE requirement for FAMIS children.

V. Cardinal Care Update

Jeannette Abelson and Lynn Vest from DMAS Integrated Care Division provided update on Cardinal Care Model of Care overview and comparison with current program rules. Vest provided update about Cardinal Care and Model of Care. As a part of the 2021 Appropriations Act, DMAS was directed to merge the two managed care programs, Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) in a manner that links seamlessly with the fee for service program. DMAS received approval from CMS to consolidate the Medallion 4.0 and CCC Plus program under Cardinal Care Managed Care (CCMC), effective October 1, 2023. This merge includes all existing managed care populations and services. CCMC members remain enrolled with their current managed care organizations (MCO) and can continue to see their doctors and providers. Full implementation of CCMC may require up to 60 days from October 1, 2023. The CCC Plus Home and Community -Based Services (HCBS) Waiver will continue to operate as the CCC Plus HCBS waiver. CCMC coverage for newborn enrollment, LTSS and Hospice Services, and members hospitalized at enrollment varied slightly, but will aligned coverage effective November 1, 2023. Providers will continue to contract with the same 5 MCOs and continue to use the same service authorization and billing processes for fee-for-service and MCOs, unless notified of a specific change. The names CCC Plus and Medallion 4.0 will be phased out starting January 1, 2024.

CCMC Model of Care ensures delivery of high-level care of Cardinal Care Members. It focuses on the member needs and where they are at any given time. The Model of Care uses data effectively to target appropriate and timely interventions to drive the right care at the right time. It provides access to care management services across populations, based on the member's evolving needs and health risks. Model of Care offers 3 levels of Care management based on the members needs/risks. There are those with high, moderate, and low intensity which would require Care Management. Some of the outcomes of Care Management focus on helping facilitate successful transitions between levels of care settings, establishes wrap-around community support, and collaborates with involved parties to ensure the member's health, safety, and welfare. Care coordination is more for members with minimal needs. Care Management partners with providers on behalf of member with significant health needs to support the members choice to reside in the least restrictive environment, successful transitions between levels of care, provide comprehensive health risk assessments, etc.

The process for Identifying Members for Care Management, MCOs use a risk stratification and scoring to identify Mandatory high priority populations, Mandatory Priority Populations, Priority Population and require Care Coordination services.

Susan Brown asked about the expectation for the MCOs percentage of members who qualify for care management that accept and enroll in care management. Vest mentioned that in Cardinal Care, everyone has access to care coordination, but everyone has the right to refuse. MCOs will track that and DMAS does a lot of care management trainings to help with best practices for our members and communication.

VI. DBHDS Update – School Mental Health Pilots

Katherine Hunter and Bern'Nadette Knight from DBHDS provided update for School Mental Health pilots. The General Assembly (GA) approved $2,500,000 towards School Based Mental Health services for technical assistance to school divisions seeking guidance on integrating MH services, grants to school divisions to contract for community based mental health services for students from public or private community-based providers, and the ability to report back to the GA on the success of the pilot and identify recommendations and resources to continue efforts by September 1, 2023.

This initiative is a part of the Governors larger Right Help, Right Now initiative behavioral health transformation. This encourages partnership with the school division and utilizing resources in the community. This Pilot Project used a multi-tiered system of implementation with schools to provide systems of support based on students need level. Tier 1 includes universal supports, Tier 2 increases access to academic support and school family communication, and Tier 3 engaged students, educators, and families in functional behavioral assessments and intervention planning.

DBHDS partnered with the Department of Education (DOE) in providing technical assistance in three phases: Universal (Virginia schools and providers), Pre-Implementation (New Implementers), and Implementation (For Grantees). The Universal technical assistance helped with the development of asynchronous modules for school leaders, community mental health providers, and specialized student support personnel. Pre-implementation facilitated exploration and installation activities such as needs assessment and resource mapping of division/community resources. Implementation provided peer-to-peer learning opportunities. Lunenburg County ($349.822.02), Hanover County ($374,850), Bristol ($213,119.55), Mecklenburg County (319,822.02), Hopewell City ($346,500), and Richmond Public Schools ($182,080) received funding totaling $1,786,193.59 between November 2022 through February 2023. Over 800 children were served for elementary, middle, and high school. Types of services provided include suicide prevention, and mental health awareness, motivational interviewing, Brief Intervention, and referral services, individual ang group therapy, group, and psychotherapy. Hanover implemented a calming center which had a great impact.

In order to receive feedback from stakeholders, they conducted a Focus Group conducted on Right Here Right Now regarding their feedback to expand school based mental health in the community, what is the biggest benefit, and biggest barrier to implement mental health-based services. Responses included consistent funding, continued technical assistance, increased collaboration, gaining buy in from key stakeholders, clear understanding of implementation of school based mental health services, and clear ways to measure success and outcomes.

Successes from Pilot include hiring of personnel with community partners, provision of services to students in need and TA support to schools. Some Challenges include full appropriation was not spent due to accelerated timeline, lack of available licensed behavioral health staff statewide challenged community partners, and uncertainty around sustainable funding impacted hiring a program implementation. Schools were unable to spend all funds due to lack of availability of licensed behavioral staff, accelerated timelines, and uncertainty around sustainable funding impacting hiring and program implementation.

Recommendations mentioned include a continued ability to build continuum of youth mental health care available, enhance support community-based partnership with schools, establish shared outcome measures using goals of schools and youth mental health outcomes, develop targeted efforts to expand the behavioral health workforce that serves youth. The overall aim continues to be the same with implementation with an increase of the budget to $7.5 million for this appropriation. There is an application process is underway for interested school division interested in funding. There will be continued collaboration with DOE on data/evaluation outcomes as well. The current timeline is November 2023 to January 2024.

A public comment asked how the calming rooms implemented impacted students regarding behaviors in the school and was there any data collected specifically on impact on behavior and mental health issues. There is no current specific data as of yet, but they will follow up on this and will get information on future schools utilizing this strategy.

VII. Discussion of agenda items for March 7, 2024, CHIPAC Meeting

Mejia announced that the March 7, 2024, meeting will be an in-person meeting held at DMAS offices. Mejia asked members if they had suggested agenda items for the March meeting. Mejia and Richardson invited members to submit any ideas or requests for the March meeting agenda to the Executive Subcommittee for consideration at their January subcommittee meeting.

VIII. Public Comment

Levar Bowers commented he wanted to thank everyone for all the hard work and dedication. This forum is always one of the most informative and well run, and the quality of work being done collectively is evident.

IX. Closing

The meeting was adjourned at 2:45pm