



Virginia Medicaid Member Advisory Committee (MAC) Meeting: **General Meeting**

Monday, April 08, 2024



Accessibility Check-in Reminders: All Attendees

- Say your name each time you speak.
- Attendees are provided materials ahead of time and in an accessible format.
- Use a microphone to project your speech; if one is not available repeat questions when asked.
- Language access options provided upon request to include real time captioning.
- Spell acronyms and avoid or define terms, jargon, and idioms.
- Speak clearly; avoid speaking too fast, which is particularly helpful to individuals whose primary language is not the one in which you are speaking, sign language interpreters, and real time captioners.

Accessibility Check-in Reminders: Speakers

- Summarize major points.
- Avoid reading word-for-word text on presentation slides unless you are reading a quotation.
- Give background and contextual information.
- Display key terms and concepts visually.
- Describe visuals such as images, objects, infographics, diagrams, and more so that non-visual participants can understand the information being presented.
 - **Example:** "On the screen is a diagram which represents the process flow which starts with..."
- Offer outlines and other scaffolding tools: connecting your presentation information by building upon what participants may already know.
- Give attendees time to process information; pause between topics, and after you ask for questions.

Accessible, Inclusive Self-Introductions

Participants with vision take in a lot of information about the people and the environment around them. To offer context for all participants, visual and non-visual (people with blindness or low-vision, a brief description of yourself using a few sentences. At a minimum, include the following details:

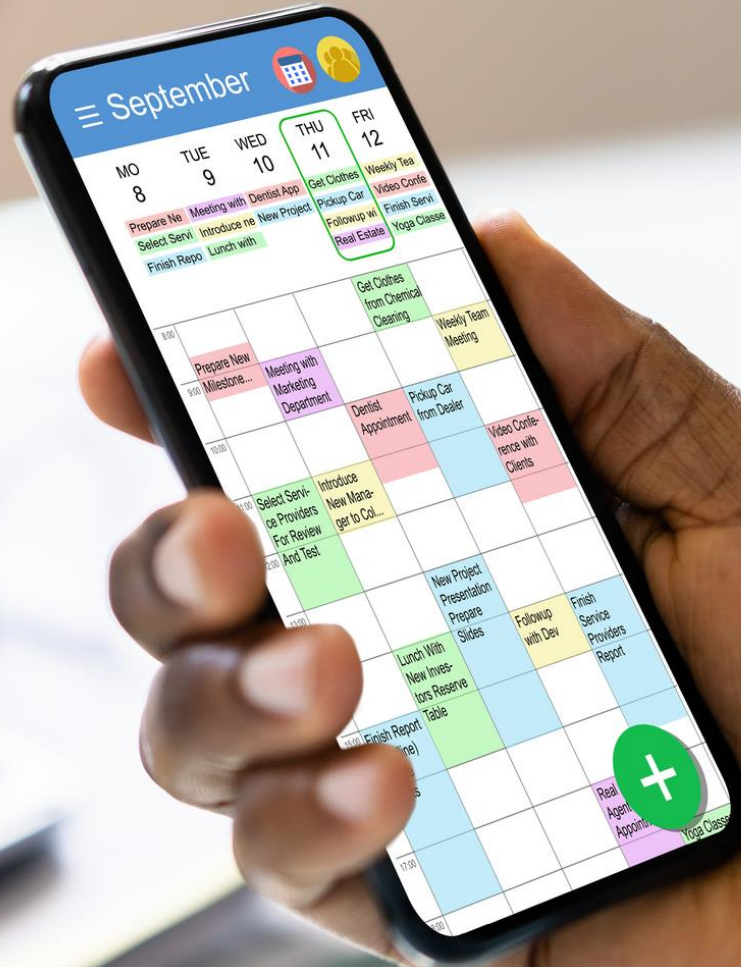
- **Name**
- **Members** (the region and who you are representing on the MAC)
- **Organization and role**

You may also include your gender identity, your pronouns, your race or ethnicity, your skin color, hair color and style, whether you have facial hair, what clothing and jewelry you are wearing, and a short description of your background.

- **Member Example:**
 - My name is ___ from ___ region and I am representing _____. I am a black woman with curly black hair and round gold glasses wearing red dress and snazzy black heels.
- **Speaker/Facilitator Example:**
 - My name is ___ with (*insert organization*) where I serve as the (*insert role*). I am a Hispanic male with wavy brown hair wearing a blue button-down shirt and khaki pants with a gold apple watch and navy-blue loafers.

If presenting virtually, you can include the background color or setting.

- **Example:**
 - My name is ___ from ___ region and I am representing _____. I am a black woman with curly black hair and round gold glasses. I'm wearing a red blouse. Behind me is a gray wall with several framed pictures, next to a bookshelf.



AGENDA

Natalie Pennywell

Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)

Agenda

1. Call to Order
2. Member Roll Call and Introductions
3. Minutes Approval 11.13.2023 MAC Meeting
4. Presentation: 12-Month Continuous Children's Coverage
5. Presentation: Role of Local Department of Social Services
6. Presentation: ARTS 1115 Waiver Renewal
7. Presentation: Cardinal Care Resources and Transportation Process Review
8. Public Comment
9. Closing Remarks and Announcements
10. Adjournment

Welcome Remarks – DMAS Executive Leadership



Cheryl Roberts
Agency Director

Jeff Lunardi
Chief Deputy Director

Sarah Hatton
Deputy of Administration

MEMBER ROLL CALL AND INTRODUCTIONS

Natalie Pennywell

Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)

Introduce yourself in the chat!

- Name
- Organization
- What's one thing you've always wanted to learn, and why haven't you pursued it yet?

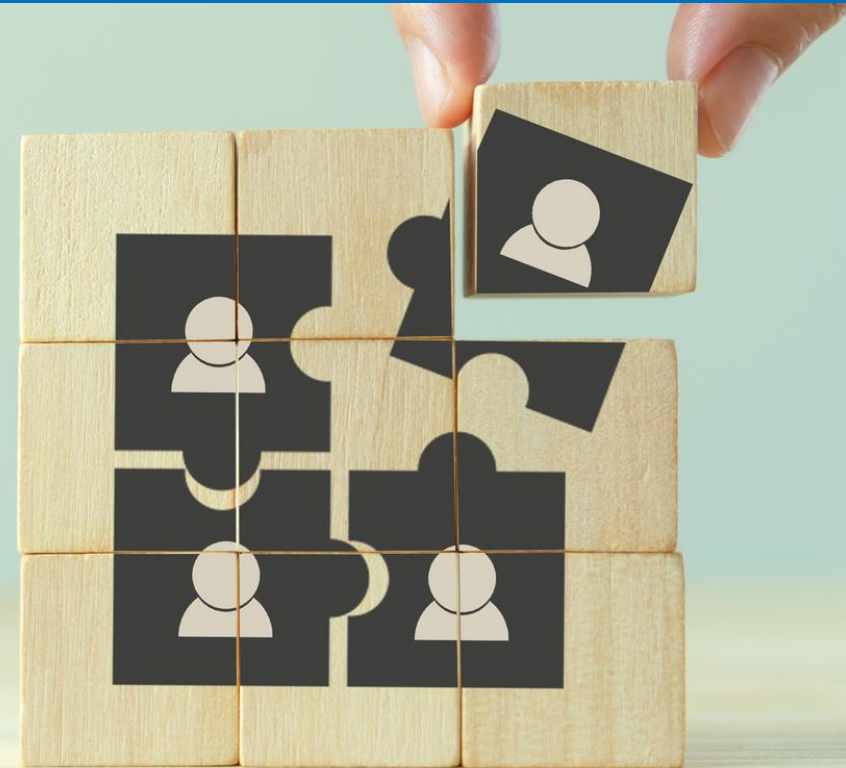


MAC Member Roll Call

- JoAnn Croghan
- Jacqi Dix
- Mark Dixon (Virtual)
- Sydnee Evans (Virtual)
- Lorri Griffin
- Chiquita Hubbard
- Sheila Johnson
- Leah Leuschner (Virtual)
- Brian Marroquin
- Bryan Roaché
- Kyung Sook Jun

Welcome New Members

- Mark Dixon (Virtual)
- Sydnee Evans (Virtual)
- Brian Marroquin
- Bryan Roaché



Introductions

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

MINUTES APPROVAL

Natalie Pennywell

Outreach and Community Engagement Manager
Department of Medical Assistance Services (DMAS)

Notes



VIRGINIA MEDICAID'S 12-Month Continuous Eligibility (CE) for Children

Sara Cariano
Director, Eligibility Policy and Outreach Division
Department of Medical Assistance Services (DMAS)



12-Month Continuous Eligibility (CE) for Children

Effective January 1, children in Medicaid and FAMIS will remain enrolled for a 12-month protected coverage period, regardless of changes in circumstance.

- Limited exceptions:

- Turning age 19
- Moving out of state
- Member/representative requests termination of coverage
- Eligibility erroneously granted due to agency error or fraud/abuse/perjury
- Death of the enrolled child
- Children enrolled through hospital presumptive eligibility and with a “reasonable opportunity period”

12-Month Continuous Eligibility (CE) for Children

- Medicaid enrolled children and may not be moved to FAMIS during the CE period.
- FAMIS children may be moved to Medicaid coverage if they qualify, but they cannot be disenrolled during the CE period.
- Obtaining other health coverage, such as an employer plan, is not an exception to the CE requirement for FAMIS children.
 - Could result in the loss of FAMIS coverage at renewal.

Important Reminders!

- Annual renewals are still required.
 - Children can be moved into a different coverage category or have their coverage ended at renewal.
 - Children who remain eligible are given a new 12-month continuous coverage period.
 - Remember to open all letters from Medicaid and respond to requests for additional information!
- Continue to report changes within 10 days.
 - Changes may impact the eligibility of adults in the household.
 - Up-to-date information makes the renewal process simpler and easier.
 - Reporting changes to your address and contact information are important so you continue to receive all state communications about your coverage.

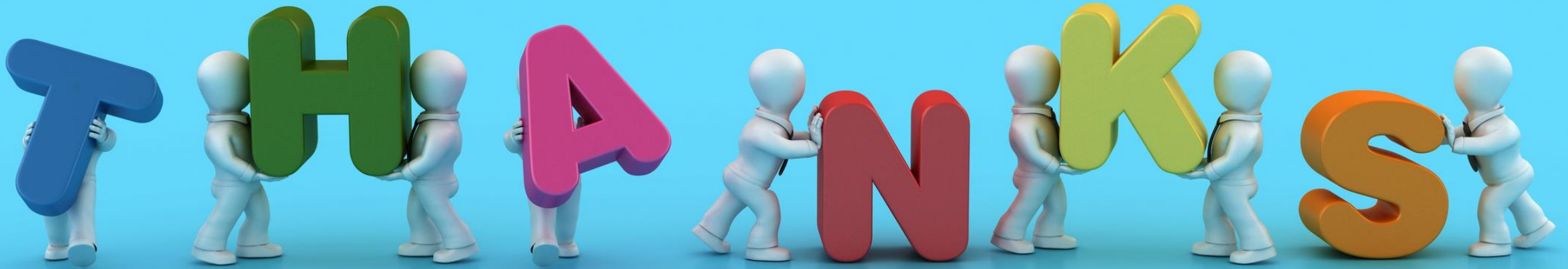
Benefits of Continuous Eligibility

- Continuity of care and uninterrupted access to the essential health coverage.
- Improved ability to provide and track preventive services.
- Less turnover or “churn” in eligibility means reduced administrative burden and cost for providers, local departments of social services, and DMAS.
- Prevents increases in health care costs that can occur when children cycle back onto coverage after a gap and have untreated health conditions.

Questions?

Sara Cariano, EPO Division Director, DMAS

CoverVirginia@dmas.virginia.gov



Learn more at [Cover Virginia!](#)

ROLE OF LOCAL DEPARTMENT OF SOCIAL SERVICES

Melissa Terrell

Medical Assistance Program Consultant, Sr
Virginia Department of Social Services



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Understanding the LDSS

Presented by Melissa Terrell, Medical Assistance Program Consultant, Sr
Benefit Programs Division, Virginia Department of Social Services

Medical Assistance Structure in Virginia

The Virginia Social Services System (VDSS) is the largest part of the Virginia Social Services System (VSSS), which is a partnership of three key organizations responsible for the administration, supervision and delivery of social services in Virginia:

- ❑ **LDSS (Local Department of Social Services)**, which represents the **120 local departments of Social Services**
- ❑ **VaCAP (Virginia Community Action Partnership)**, an association of community action programs across the state
- ❑ **VDSS (Virginia Department of Social Services)**



LDSS (Local Department of Social Services)



- ❑ Virginia has a state-supervised and locally-administered social services system
- ❑ There are 120 local departments of social services in Virginia with 5 regions of the state
- ❑ Local departments are tasked with delivering the majority of the state's social services programs
- ❑ The state-supervised, locally-administered nature of Virginia's system means that the vast majority of contact with individuals and families through social services programs occurs through these 120 local departments, including foster care and adoption

Virginia Department of Social Services is online at <https://www.dss.virginia.gov>

The screenshot shows the homepage of the Virginia Department of Social Services. At the top left is the VA logo and the text "Virginia Department of Social Services" with the tagline "An official website of the Commonwealth of Virginia Here's how you know". To the right is a search bar labeled "Find a Commonwealth Resource". Below this is a navigation menu with categories: ABUSE & NEGLECT, ASSISTANCE, CHILD SUPPORT, COMMUNITY SUPPORT, FOSTER CARE & ADOPTION, and LICENSING. A secondary menu includes ABOUT, CAREERS, CONTACT, and a search icon. A prominent orange banner reads "VDSS CLOSURES". The main visual is a photograph of a diverse group of people, including children and adults, smiling and interacting. Overlaid on the bottom of this image are seven circular icons with labels: CHILDREN (two children), FAMILIES (a family group), ADULTS (a couple), NEED HELP? (two speech bubbles), APPLY ONLINE (a checklist), and LOCAL DSS (a location pin). A small Microsoft Teams icon is visible in the bottom right corner of the image area.



Virginia Department of Social Services is online at <https://www.dss.virginia.gov>

Find Your Local Department



Many questions or issues can only be resolved through your local department of social services agency. To find your local department of social services, please either use the search bar below or you may filter by region using the map or buttons.

Search for your Local DSS Department by Name, Address or Locality

- All
- Northern
- Central
- Eastern
- Piedmont
- Western

Number of items returned: 121



OFFICE NAME	AGENCY ADDRESS	PHONE NUMBER	FAX NUMBER	DIRECTOR
Accomack Department of Social Services	22554 Center Parkway, Accomack Office Park, P. O. Box 210, Accomack, VA 23301	(757) 787-1530	(757) 787-9303	Vicki Weakley
Albemarle County Department of Social Services	1600 Fifth St., Suite A, Charlottesville, VA 22902	(434) 972-4011	(434) 972-4080	Mary Stebbins
Alexandria Department of Community and Human Services	4850 Mark Center Dr., Alexandria, VA 22311	(703) 746-5700	(703) 746-5974	Lesla Gilbert
Alleghany-Covington Department of Social Services	110 Rosedale Ave., Suite B, Covington, VA 24426	(540) 444-7100	(540) 965-1772 (FAX) EW	Tammy Wilson
Amelia Department of Social Services	16360 Dunn Street Suite 201, P.O. Box 136, Amelia, VA 23002	(804) 561-2681	(804) 561-6040	Taylor Harvie



LDSS (Local Department of Social Services)

Medicaid and FAMIS-specific roles of the LDSS

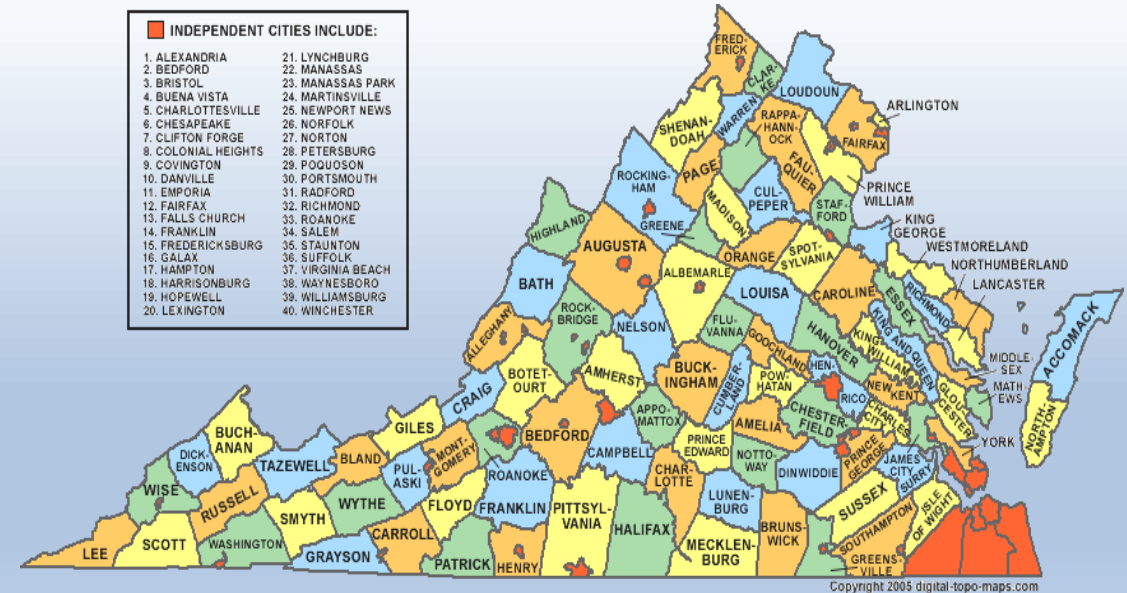
- ❑ Determination of initial and continuing eligibility (redetermination) for Medicaid & FAMIS and enrollment of eligible persons
- ❑ Case maintenance for Medicaid & FAMIS members
- ❑ Referral of individuals with inappropriate coverage or payments to DMAS Recipient Audit Unit (RAU)
- ❑ Referral of certain individuals to the State Health Benefit Exchange



Member Support

- Apply 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**
- Applications are also available Online at <http://www.dss.virginia.gov/benefit/medicaid>
- Applications can be mailed/faxed/ or dropped off to the local department of social services (LDSS). You can also request a **paper** Medicaid application be mailed to you.
- Applications may also be filed by calling the Virginia Department of Social Services Enterprise Call Center at **1-855-635-4370**.

- You can find the address and phone number of the local DSS at:
<http://www.dss.virginia.gov/localagency/>.
- You do not need to visit the **DSS** office to file an application.



Member Support

Many questions or issues can only be resolved through your local department of social services agency.

<https://www.dss.virginia.gov/localagency/index.cgi>

Ask VDSS Public Portal

[Home](#) · [Customer Self-Service \(powerappsportals.us\)](#)

General Information:

- ❑ VDSS Main Agency - (804) 726-7000
- ❑ General information and concerns - citizen.services@dss.virginia.gov
- ❑ LDSS Telephone Numbers - Benefits & Services - https://www.dss.virginia.gov/geninfo/vdss_contacts.cgi

Melissa Terrell

Medical Assistance Consultant, Sr.
Benefit Programs Division, VDSS

m.terrell@dss.virginia.gov





ARTS 1115 WAIVER RENEWAL

Ashley Harrell

Senior Program Advisor

Virginia Department of Medical Assistant Services

Brian Campbell

Senior Advisor, Complex Care

Virginia Department of Medical Assistant Services



VIRGINIA BUILDING AND TRANSFORMING COVERAGE, SERVICES, AND SUPPORTS FOR A HEALTHIER VIRGINIA

1115 Demonstration Waiver Renewal Application:
Addiction and Recovery Treatment Services (ARTS)
and Former Foster Care Youth (FFCY)

Current 1115 Demonstration Expires 12/31/2024

With this renewal application, Virginia seeks to extend the SUD and Former Foster Care Youth (FFCY) components the Commonwealth's current 1115 demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program. Specifically, this demonstration extension, Virginia's demonstration "Building and Transforming Coverage, Services, and Supports for a Healthier Virginia" will:

1. Continue to provide essential SUD services to all Medicaid enrollees through the ARTS benefit;
2. Maintain authority for coverage of FFCY who aged out of foster care in another state and turned 18 prior to January 1, 2023;
3. Sunset the High Needs Supports components of the demonstration as this has not been funded through Virginia General Assembly.

Renewing Virginia's 1115 Demonstration Waiver

Building and Transforming Coverage, Services, and Supports for a Healthier Virginia (Number: 11-W-00297/3)

Virginia seeks to extend the Substance Use Disorder (SUD), Former Foster Care Youth (FFCY) and High Needs Supports (HNS) components the Commonwealth's current 1115 demonstration to build upon Medicaid delivery system reforms already in place under Virginia's State Plan and Medicaid managed care program.

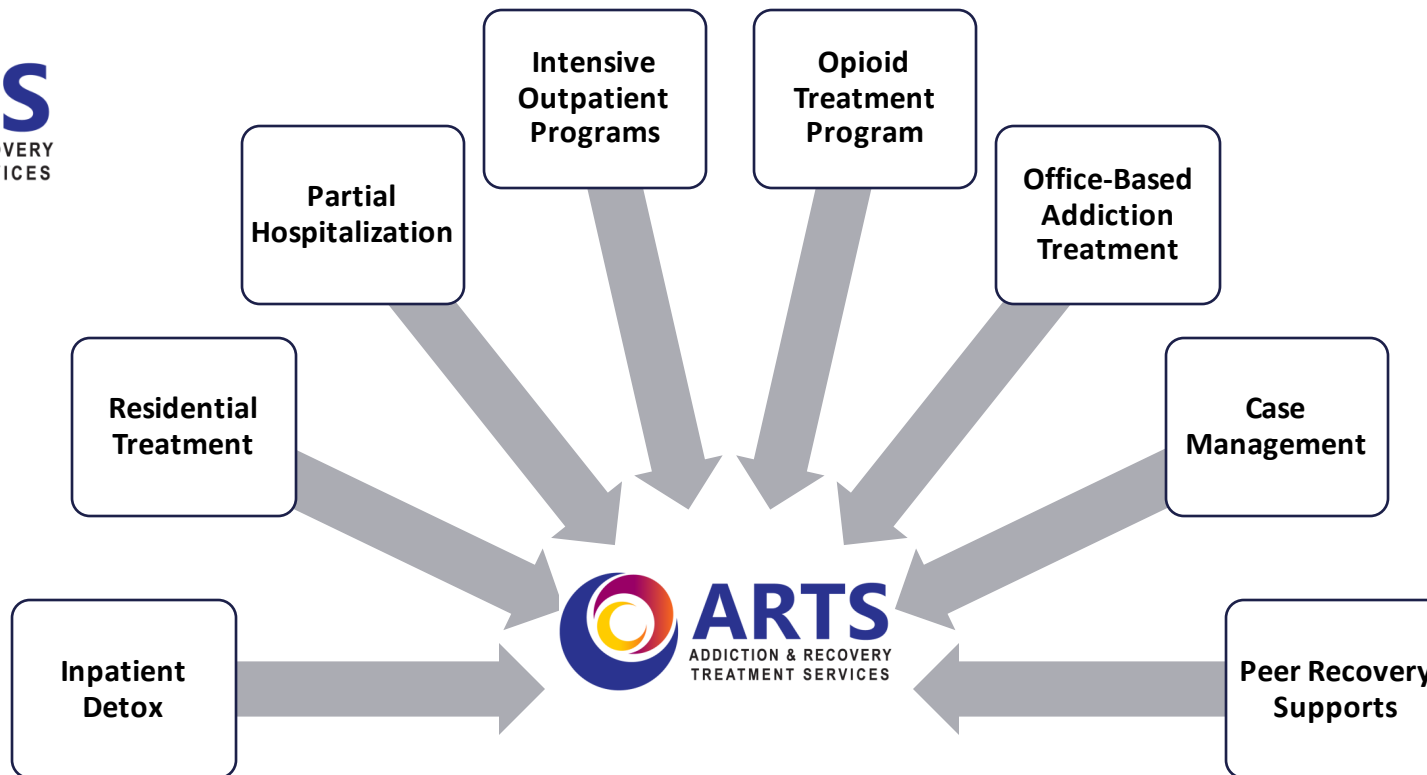
Former Foster Care Youth (FFCY)

- Youth who age out of foster care services are at a higher risk for a number of negative outcomes, including homelessness, incarceration, and substance abuse
- This expenditure authority allows individuals who turn 18 while in foster care in any state to continue receiving Medicaid coverage up to age 26
 - Goal: increase and strengthen overall coverage and improve health outcomes
- DMAS, state and local Departments of Social Services (DSS), and Managed Care Organizations (MCOs) coordinate efforts to effectively transition these members to adulthood
 - FFCY members can select and change their MCO at any time
 - Contract and reporting requirements for MCOs & DMAS oversight
 - DMAS External Quality Review: Beginning in 2021, annual Child Welfare Focus Study includes analysis of health care utilization of FFCY member population

High Needs Supports (HNS)

- The High Needs Supports (HNS) program would provide critical housing and employment support services to the Commonwealth's high need Medicaid members who are enrolled in the managed care delivery system.
- **Please note: This program requires General Assembly authority in order to implement and continue development of the benefit.**
- This program will be sunset and removed from the 1115 demonstration waiver.

Virginia Medicaid SUD Benefit: Addiction & Recovery Treatment Services (ARTS)



ARTS offers a fully integrated physical and behavioral health continuum of care.

Goal is to ensure that members are matched to the right level of care to meet their evolving needs as they enter and progress through treatment.

Addiction and Recovery Treatment Services

- Due to the federal 1115 program requirements ARTS was built based on the American Society for Addiction Medicine (ASAM) continuum of care
 - ASAM is a model of comprehensive addictions treatment services
- This expenditure authority allows individuals who are aged 21 or older to receive high intensity treatment in behavioral health facility settings including psych hospitals and residential treatment centers.
- This facet of the program is essential to managing hospital discharges effectively for individuals who demonstrate a higher level of support need after a crisis or overdose event.

Trends in Use of ARTS Services

Number of members using ARTS services, SFY 2020 and 2021

	Number of members using services		
	SFY 2020	SFY 2021	Percent change
Used any ARTS service	43,389	53,614	23.6%
Type of service			
ASAM 1	35,709	43,299	21.3%
OBAT/OTP	13,317	15,976	20.0%
Care Coordination ¹	9,457	11,943	26.3%
ASAM 2	4,611	5,301	15.0%
ASAM 3	4,260	4,891	14.8%
ASAM 4	71	144	102.8%
Pharmacotherapy	27,050	32,724	21.0%
Case management	3,726	4,136	11.0%
Peer recovery support services	1,119	1,471	31.5%

Number of members using ARTS services, by diagnosis, SFY 2021

	Members with any use of ARTS services ¹	Percent of members using ARTS services
All members	53,614	3.0%
Any SUD diagnosis	50,426	43.3%
Any OUD diagnosis	33,305	69.4%
No OUD diagnosis		
Had AUD diagnosis	11,922	27.1%
Had cannabis diagnosis	5,938	16.5%
Had stimulant diagnosis	9,341	34.3%
Had any other SUD diagnosis	4,670	17.9%

Virginia's Fatal Drug Overdose Report

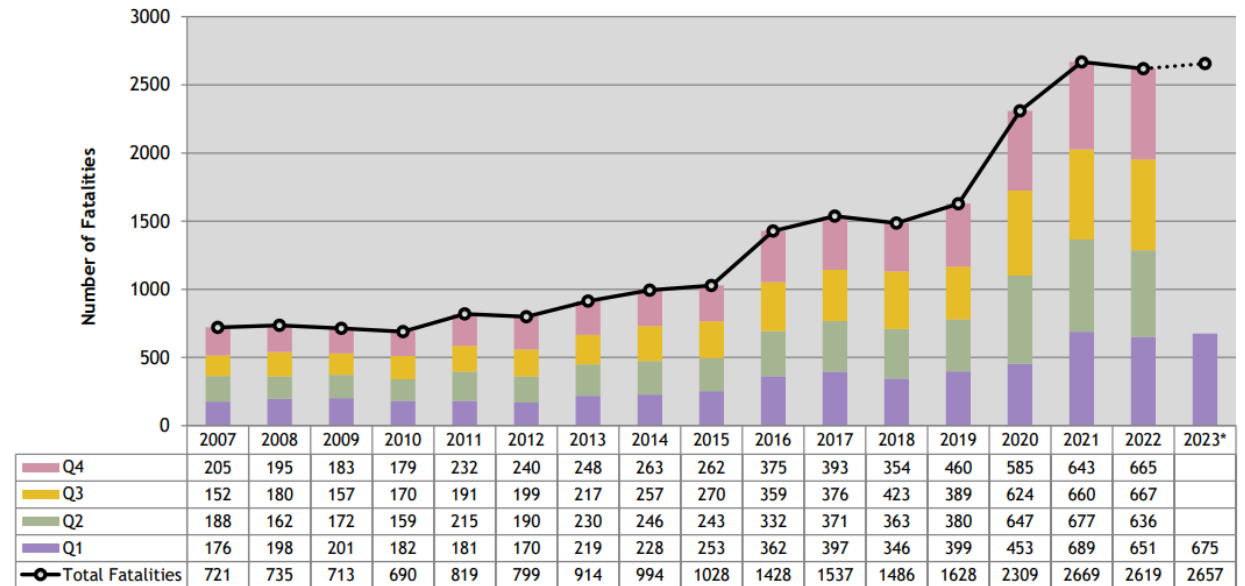
- Fatal drug-related overdoses increased substantially between late 2019 and 2022, peaking at around 108,000 deaths nationally and about 2,600 in Virginia.
- This represents a 51% increase nationally and 64% increase in Virginia, between December 201 and December 2021.

[Forensic Epidemiology - Medical Examiner \(virginia.gov\)](https://www.virginia.gov/forensic/epidemiology/)

ALL DRUGS

The total number of fatal drug overdoses statewide has increased each year. In 2013, fatal drug overdose became the number one method of unnatural death in the Commonwealth, surpassing both motor vehicle-related fatalities and gun-related fatalities. In 2014, fatal drug overdose became the leading cause of accidental death in Virginia. Fatal overdoses, all substance, decreased by 1.9% in 2022 when compared to 2021.

Total Number of Fatal Drug Overdoses by Quarter and Year of Death, 2007-2023*
Data for 2023 is a Predicted Total for the Entire Year



VDH: Fatal Drug Overdose Report
Quarter 1 2023

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Source: VA HHR

Prevalence of SUD – Identifying more members in need

The supply of treatment providers, the prevalence of members receiving SUD treatment, and the rate of treatment for diagnosed SUD increased dramatically after implementation of the ARTS benefit and has continued through Medicaid expansion and the COVID-19 pandemic.

In addition, ARTS is administered through the Medicaid Managed Care Organizations (MCOs) to fully integrate physical and behavioral health continuum of care for members.

Medicaid Members where SUD was identified - 2016



48,341

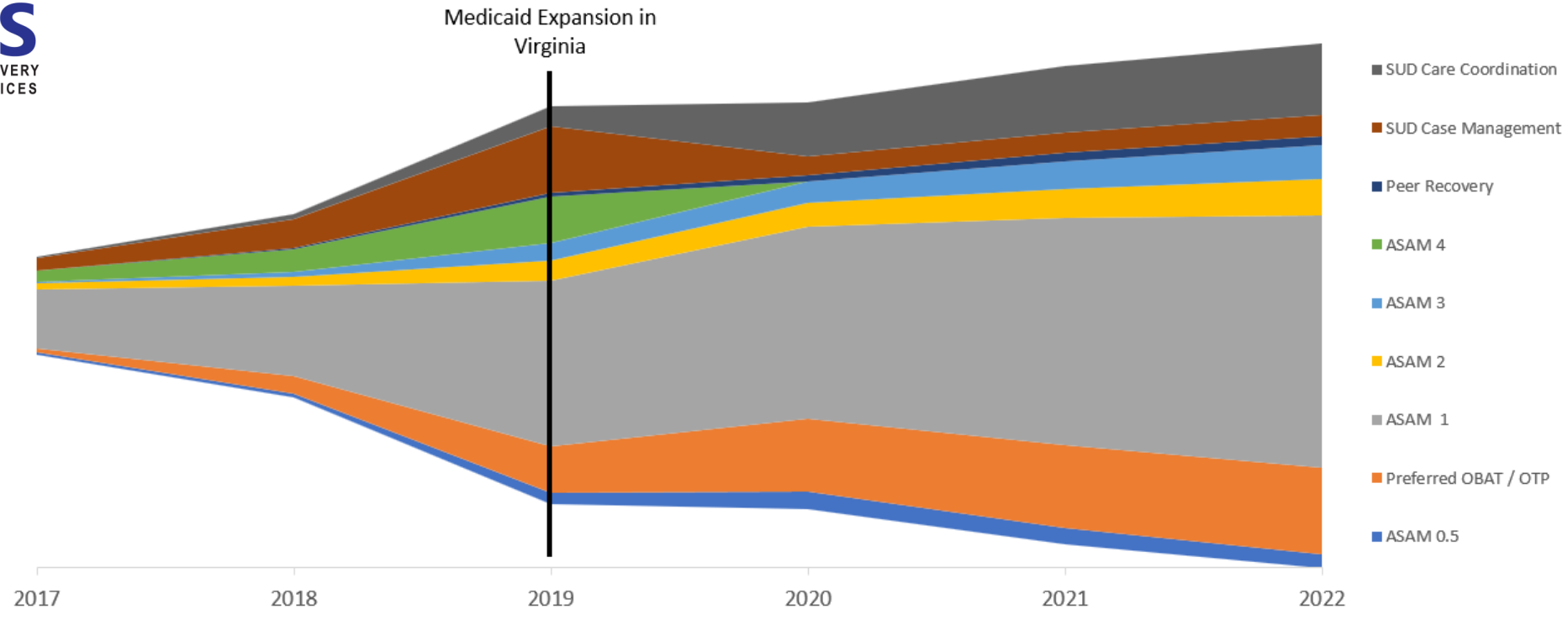
Medicaid Members where SUD was identified - 2023



267,528



Treatment Rates Increased Substantially with ARTS



Treatment rates increasing substantially since ARTS implemented, specifically for members with OUD - as of July 2021, more than 69 percent of members with OUD have received treatment, 26 percent more than members with any SUD diagnosis.

Medicaid's Role in Supporting Recovery

Over the past 6 years, Virginia has dramatically changed who Medicaid covers and the services it provides.

2017: New Substance Use Disorder (SUD) Treatment Services Added - ARTS

- In 2017, Virginia Medicaid expanded access to a continuum of SUD treatment services – April 2017.
 - State plan option services cover the full continuum of community-based care and inpatient withdrawal management.
 - Virginia was approved the 1115 Demonstration Waiver to use federal Medicaid dollars to reimburse for coverage of stays in an [Institution of Mental Disease](#)*

“...institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment or care of persons with mental diseases...”

*Virginia's 1115 Demonstration expires
12/31/2024

2019: More People Covered – Medicaid Expansion

- In 2019 Virginia expanded its Medicaid program.
- As of September 1, 2023– **Over 87,036** expansion enrolled members received an ARTS service
- Now, most individuals who have lower incomes can qualify for free health coverage through Medicaid.
- Many individuals involved in the carceral system now have access to health insurance that was not available prior to Expansion.

2021: New Behavioral Health Services Added – Project BRAVO

- **Services for Youth Ages 11-18 (SUD and MH)**
 - Multi-systemic Therapy (MST)
 - Functional Family Therapy (FFS)
- **Services for Youth and Adults**
 - Mental Health PHP
 - Mental Health IOP
 - Mobile Crisis Response (SUD and MH)
 - Community Stabilization (SUD and MH)
 - 23-Hour Crisis Stabilization (SUD and MH)
 - Residential Crisis Stabilization Unit (SUD and MH)
- **Services for Adults**
 - Assertive Community Treatment (ACT) (SUD and MH)

Discussion



The ARTS team appreciates feedback from all stakeholders, including the Medicaid Member Advisory Committee. Some questions to consider are in the next few slides.



What action items should DMAS and other state agencies consider to:

- a. support former foster care youth?
- b. address the overdose crisis?

What do you see as the greatest challenge to addressing care issues for:

➔ Former foster care youth?

➔ For members with substance use disorders?



Stay Connected to the ARTS

The new edition of the [American Society of Addiction Medicine's Criteria](#) has been released, and the ARTS team is looking at incorporating changes to the Criteria in ARTS policies and procedures.

Please email the SUD inbox (SUD@dmas.virginia.gov) if you have thoughts or ideas about things the team should be considering as we are preparing to make these changes.

FEEDBACK



Questions?

THANK YOU 😊



Ashley Harrell, LCSW

SUD@dmas.virginia.gov

804-972-5406

Notes



Cardinal Care Resources and Transportation Process Review

Adrienne Tyler Fegans
Deputy of Programs and Operations
Virginia Department of Medical Assistance Services

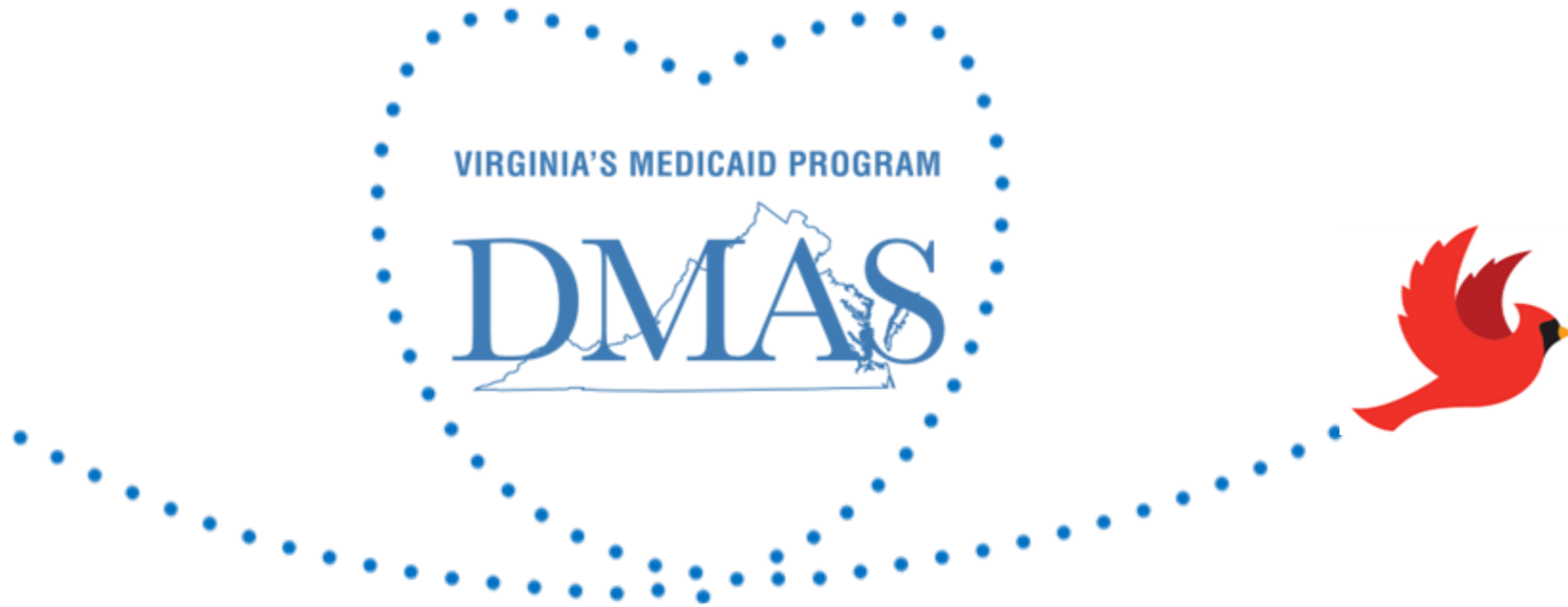




Cardinal Care Logo and Tag Line Review

Option 1

Cardinal Care



Option 2

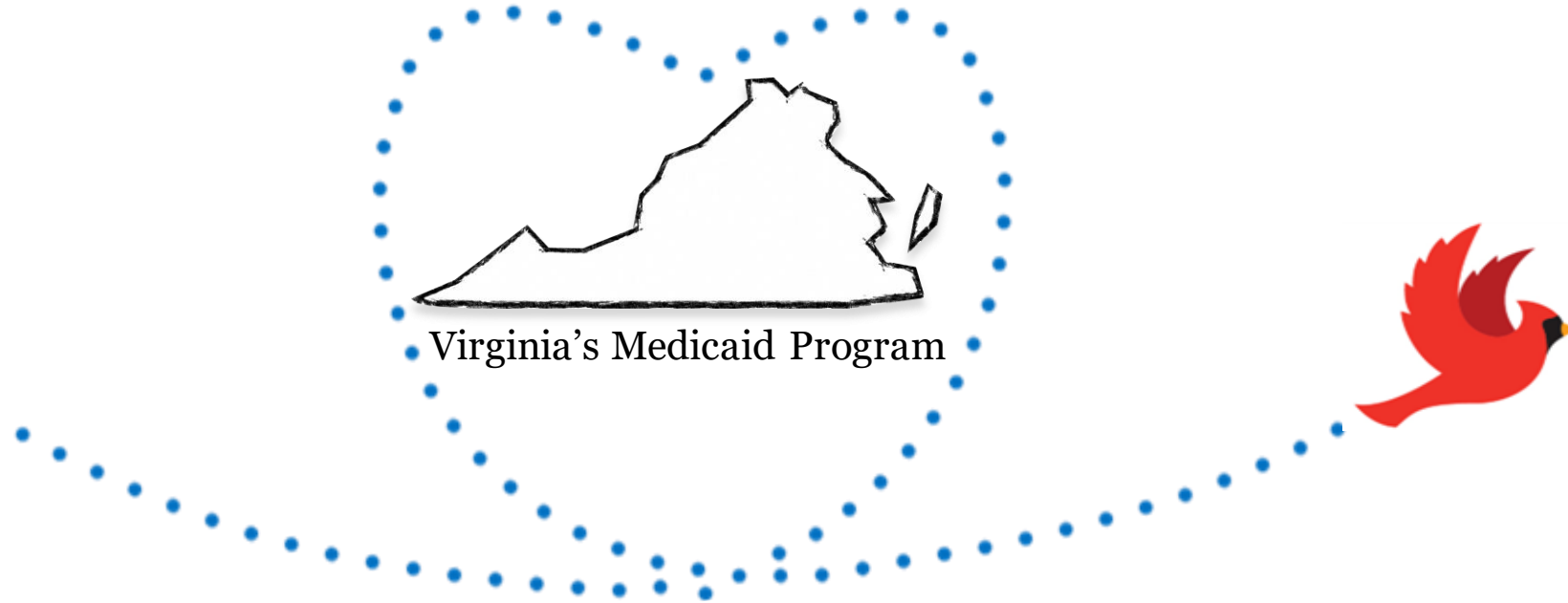
Cardinal Care Managed Care



Your Care, Your Choice

Option 3

Cardinal Care

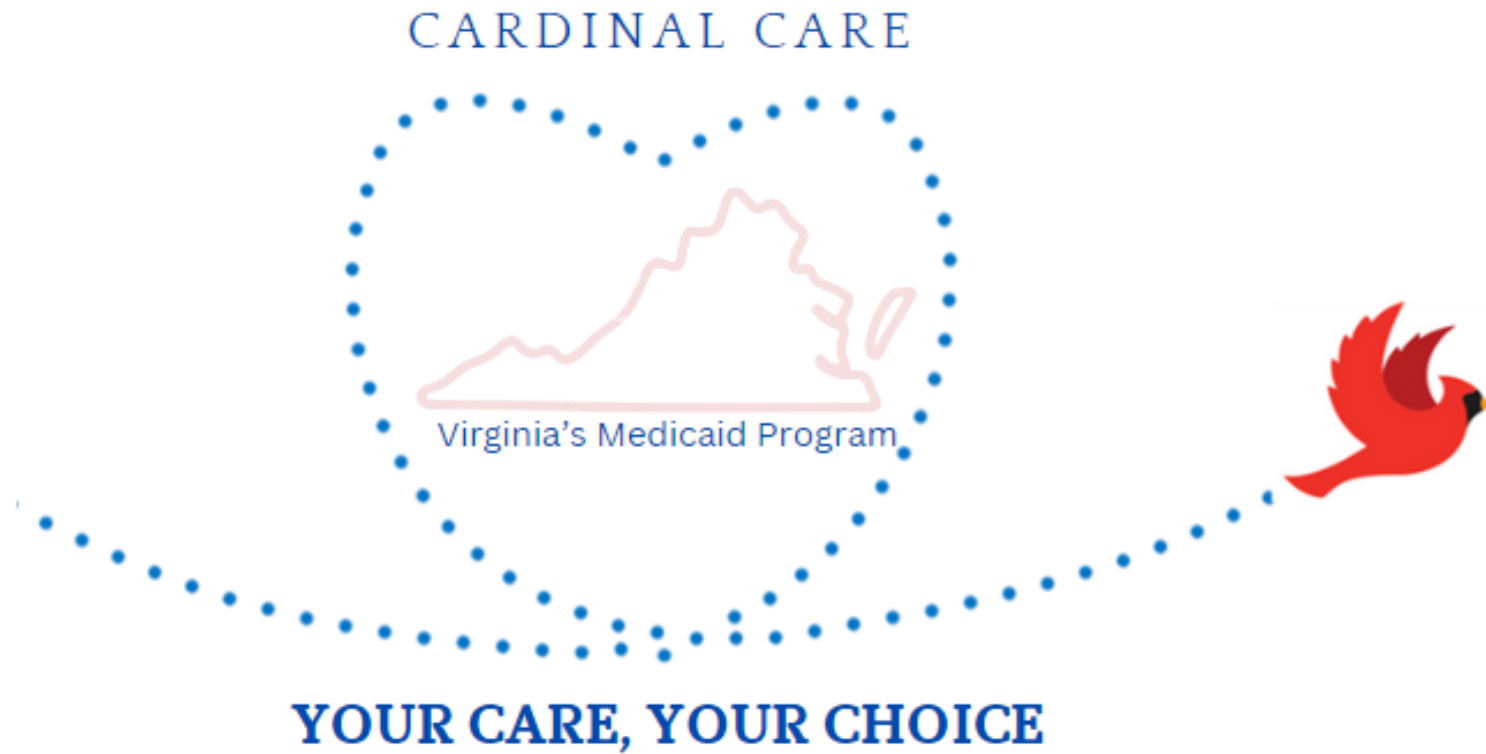


Your Care, Your Choice

Option 4

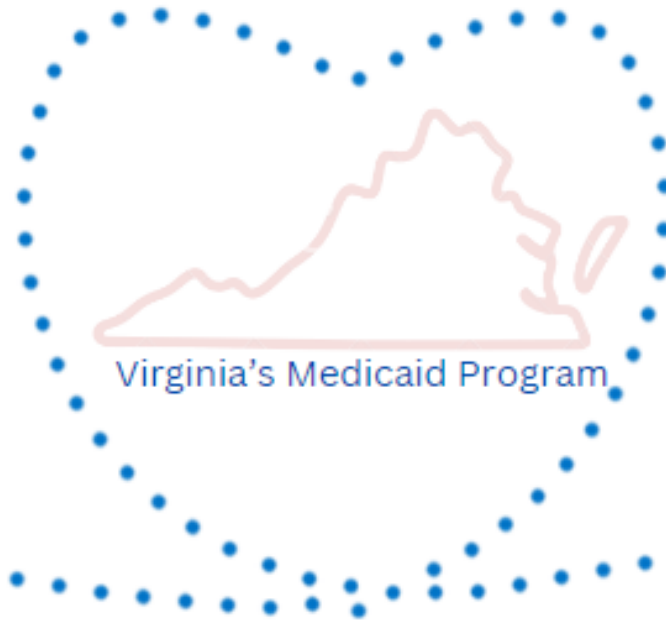


Option 5



Option 6

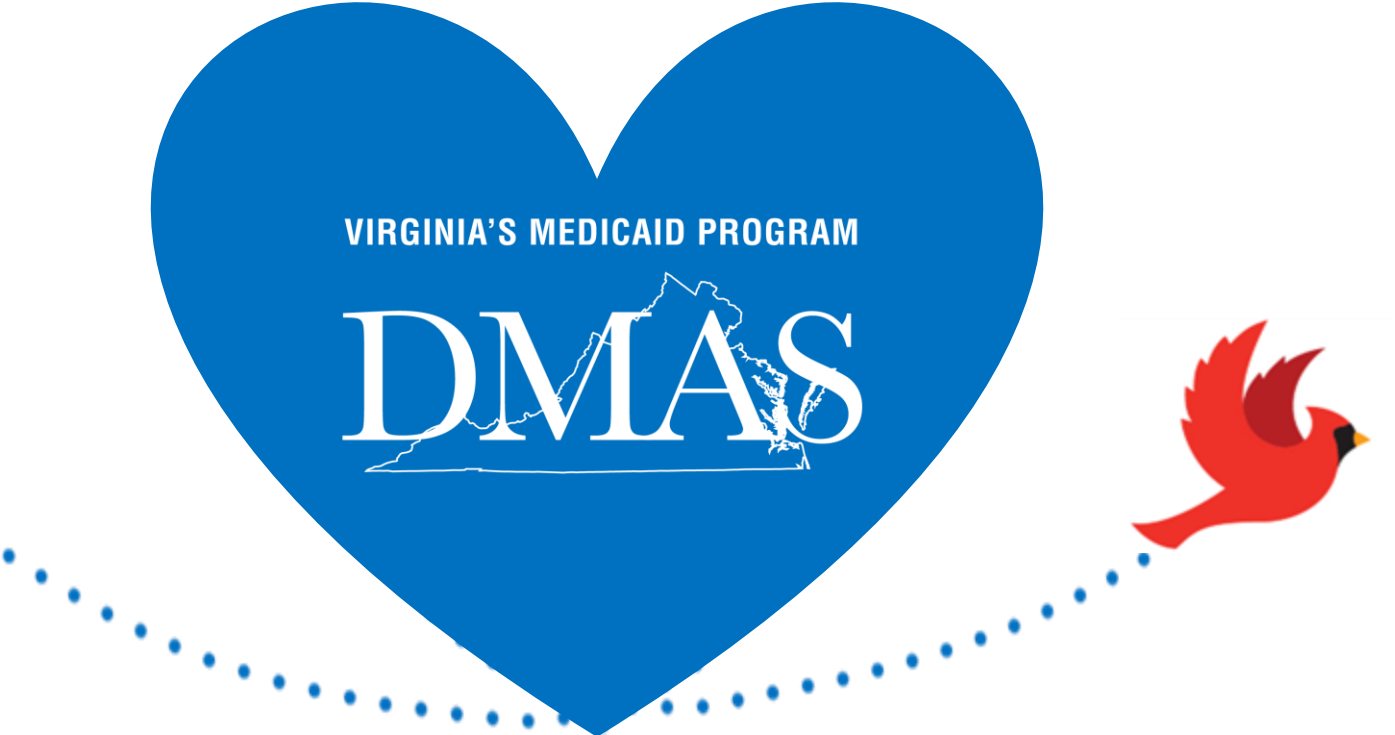
CARDINAL CARE



YOUR CARE, YOUR CHOICE

Option 7

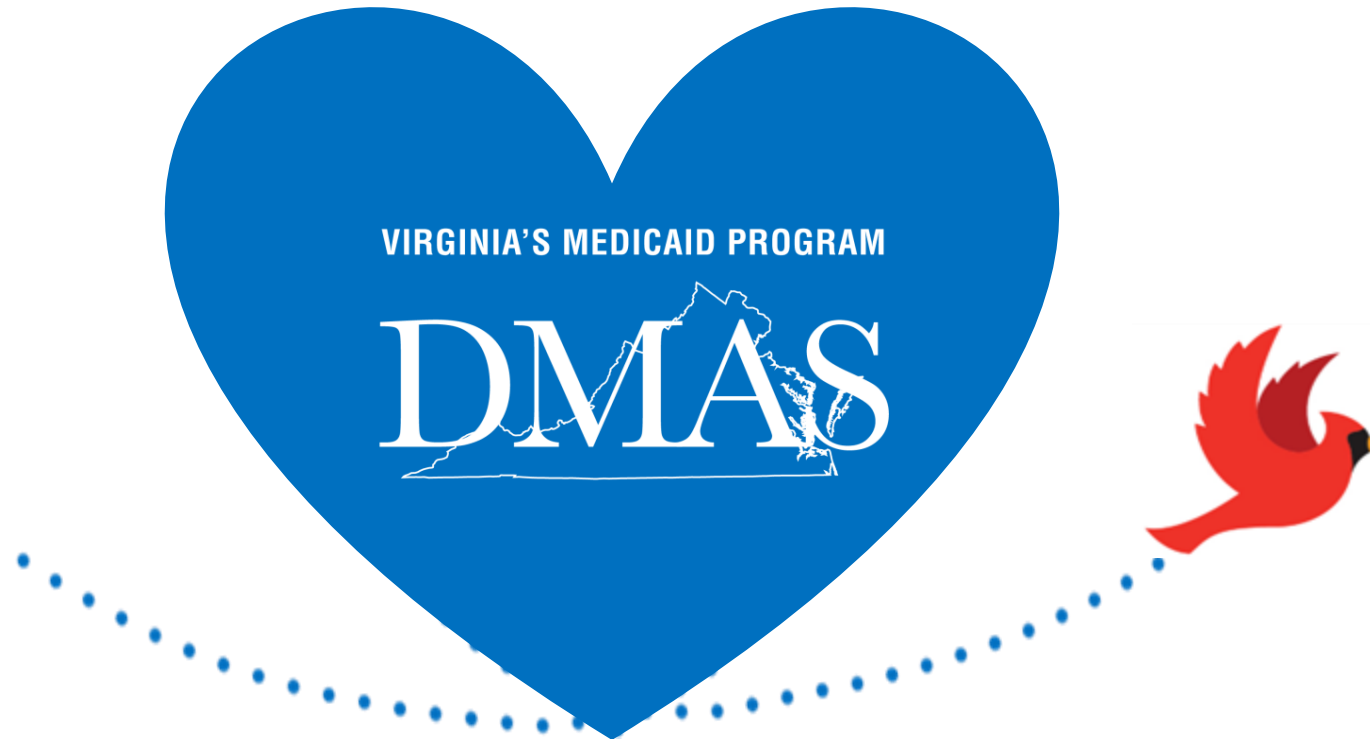
Cardinal Care



Your Care, Your Choice

Option 8

Cardinal Care Managed Care



Opportunity to Serve:

Non-Emergency Medical
Transportation (NEMT)
Research Advisory Group (AG)

Non-Emergency Medical Transportation (NEMT) Research Advisory Group (AG)

- National partner looking for beneficiaries to join an advisory group for an NIH-funded research effort that aims to understand and improve the design and implementation of NEMT.
- The project is looking at:
 - elements of NEMT design that may cause racial disparities or other inequities
 - to learn about what is working and what isn't to support improving NEMT across the U.S.
- Timeline: 4-year project
- NEMT research advisory group (AG) will meet virtually twice per year
 - One meeting in the spring (April/May) and one in the fall (October/November)
- Medicaid beneficiaries will make up at least 50% of the AG
- AG members only need to listen, learn, and offer feedback when presented with clear information.
 - Plus, if the Medicaid members had experience with NEMT (but not required).
- Project team will compensate AG members for their time and promises to use their time as efficiently and effectively as possible.
- If you interested in serving, send your name and interest to the mac@dmas.virginia.gov by [end of daytomorrow, April 9th](#)

PUBLIC COMMENT



- 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 and location in the comments to be recognized during this time.
- Each speaker will be granted only two (2) minutes to speak.

Notes

DMAS Support Staff

<u>Name</u>	<u>Position</u>	<u>MAC Role</u>
<i>Sarah Hatton</i>	Deputy of Administration and Coverage	Ex-Officio Member; Co-Facilitator
<i>Kristin Lough</i>	Hearing Officer	Minutes
<i>Jonathan Hendler</i>	Visual Communications Designer	Greeter
<i>Rachel Lawrence</i>	Strategic Initiatives Specialist	Photographer
<i>Natalie Pennywell</i>	Outreach & Community Engagement Manager	Facilitator; Steering Committee
<i>Jesus Perez</i>	Civil Rights Compliance Specialist	Closed Captioning
<i>Cheryl Roberts</i>	Agency Director	Co-Facilitator
<i>Sonya Scott/Norman Gaines</i>	ITS Operations Analyst/AV Specialist	Technology Support
<i>Dorothy Swann</i>	Outreach and Member Engagement Specialist	Steering Committee Member
<i>Dalia Tejada Halter</i>	Outreach and Member Engagement Specialist	Steering Committee Member

Closing Remarks



Sarah Hatton
Deputy of Administration
and Coverage

2024 Virginia Medicaid MAC Meetings

Dates

- ~~April 08, 2024~~
- June 10, 2024
- August 12, 2024
- October 21, 2024

General MAC Meeting:

- 10:00 AM – 12:30 PM

Location:

- 600 E Broad Street,
Richmond, VA 23219
- In-Person w/ Virtual Option
 - Virtual information can be found on [Virginia Regulatory Town Hall](#)

Thank you! Do not hesitate to **Contact Us!**

Medicaid Member Advisory Committee (MAC)

Department of Medical Assistance Services (DMAS)

Commonwealth of Virginia

600 East Broad Street, Richmond, VA 23219

Email: mac@dmas.virginia.gov

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

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

Cover Virginia Email: covervirginia@dmas.virginia.gov



Adjournment



- Don't forget to tell a friend about Virginia Medicaid MAC.
- Encourage a member to apply to be a MAC member.
- Do something outside and get an extra dose of Vitamin D and fresh air this week!

See you on June 10, 2024!