MEETING MINUTES

Meeting Minutes
December 12, 2024

A quorum of the full Committee attended the virtual meeting. The Microsoft Teams link was also made available for members of the public to attend this virtual meeting.

The following CHIPAC members were present:

- **Sarah Stanton** — Joint Commission on Health Care
- **Jennifer Macdonald** — Virginia Department of Health
- **Alexandra Javna** — Virginia Department of Education (DOE)
- **Hanna Schweitzer** — Virginia Department of Behavioral Health and Developmental Services (DBHDS)
- **Joanna Fowler** — Virginia Health Care Foundation
- **Irma Blackwell** — Virginia Department of Social Services (VDSS)
- **Mary Brandenburg** *(substitute)* — Virginia Hospital and Healthcare Association
- **Laura Harker** — Center on Budget and Policy Priorities
- **Tiffany Gordon** — Virginia League of Social Services Executives
- **Emily Moore (*Vice Chair*)** — Voices for Virginia's Children
- **Heidi Dix** — Virginia Association of Health Plans
- **Dr. Susan Brown** — American Academy of Pediatrics (VA Chapter)
- **Sarah Holland** — Virginia Health Catalyst
- **Victoria Richardson** — Virginia Poverty Law Center

I. **Welcome and Announcements.** Emily Moore, CHIPAC Vice-Chair, called the meeting to order at 1:01pm. Moore welcomed Committee members and members of the public and explained that the virtual meeting would be recorded. Attendance was taken by roll call.

Moore introduced DMAS Director Cheryl Roberts, who shared some updates from Agency leadership as they prepare for the GA session.

II. **CHIPAC Business**

A. Review/Approval of Minutes from September 5th meeting. Heidi Dix introduced a motion to approve, and Joanna Fowler seconded. Minutes were approved at

1:12pm unanimously.

B. Committee membership updates: Hanna Schweitzer, Virginia Department of Behavioral Health and Developmental Services (DBHDS), and Martha Crosby, Virginia Community Healthcare Association (VCHA), renewed their membership to CHIPAC (DBHDS for a 3-year term, VCHA for a 2-year term).

III. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Benefit: Kimberli Myrick, Child Health Program Operations Analyst, Health Care Services Division, DMAS presented. Children are the biggest group covered in Medicaid. Virginia serves over 770,000 children in Medicaid. EPSDT is a benefit, not a program or service. Serves children under age 21 and provides comprehensive benefits to children for any medically necessary treatment. Children enrolled in HCBS waiver services can also access EPSDT, but children on FAMIS can't get full EPSDT benefits but can access the wellness portions. Goal is to identify problems as early as possible and get them diagnosed and provide treatment before problems become more complex. Service needs must have a medical justification. The screenings should be part of the well child visits, don't have to request a separate EPSDT screening. Example of some services covered by EPSDT: physician, chiropractic, home health, dentures, occupational therapy, private duty nursing, prosthetics, mental health, SUD. Medical necessity in EPSDT means services that maintain or improve a child's current health. The term "ameliorate" is a key term used in EPSDT for medical necessity, it means to make more tolerable.

Victoria Richardson asked about if secondary review is offered automatically? Yes if children are denied an initial service they can go through a secondary review process to determine medical necessity. There's a training on the DMAS website that explains how EPSDT is operationalized and has more detail about this process.

Adrienne Fegans added that its before actual denial is issued, the screener has to use EPSDT criteria of "correct or ameliorate" along with "medical necessity" before they deny it.

Emily Moore asked how often DMAS sees providers doing screenings if they don't get paid for it because they may not be Medicaid providers. We sometimes have non-Medicaid providers do the screenings as part of a comprehensive well child visit. They will then get referred to a Medicaid provider for the actual treatment and services.

Sarah Holland mentions that fluoride varnish from dental providers is covered in Medicaid until age 5, and the utilization is less than 10%. Perhaps EPSDT is an opportunity more widely promote this access to care.

IV. Twelve Months Postpartum Extension Evaluation

Two possible extension pathways: state plan amendment or 1115 demonstration waiver. The 1115 includes additional reporting and an external evaluator. This is the path Virginia Medicaid is using for its postpartum extension. We're one of two states to do it this way (VA and NJ). We thought this allowed Va to implement this a little earlier, and use the "baby on the hip" option. Postpartum extension goals: promote continuous

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coverage, increase access to services, improve health outcomes for birth parent and infant, advance health equity. Evaluation plan was approved in Fall 2023, and is available on the DMAS website. Data collection tools include VDH vital statistics, CDC PRAMS, All Payer Claims Database, DMAS enrollment and claims, member survey, and provider/stakeholder qualitative analysis. This last item, the qualitative analysis, will be dialogical interviews of providers and stakeholders observations of the extensions impact on patients.

Dr. Susan Brown asked about long term stays in NICU, and how lactation services for moms during this time are billed? Billed under the mom? Or under the infant? Are we demonstrating that these moms with high risk pregnancies are getting access to lactation service? How does it show up in the data? Emily Roller responded that we are oversampling this high risk population with the survey to capture these experiences. DMAS staff will ask for clarification on the billing for future update.

Emily Moore asks how the surveys will be collected? Emily Roller responded that VCU will administer the surveys either via mail, enabling respondents to scan a QR code on the mailed survey to complete it via mobile.

VDH has an explainer for maternal health data sources https://www.hhr.virginia.gov/media/governorvirginiagov/secretary-of-health-and-human-resources/pdf/maternal-health/Maternal-Health-Data-Task-Force-Presentation-VDH-final-10.17.2024-(2).pdf

V. CHIPAC 2025 Priorities Discussion

CHIPAC's mission is "to advise the Director of the Department of Medical Assistance Services (DMAS) and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS programs to address the health needs of children."

Possible priorities from Emily Moore:

a. cover all kids,
b. maintain continuous eligibility, maintain extension of coverage,
c. increase in income eligibility to national median (255%) for CHIP population

Sarah Holland agrees with these priorities. We consider priorities that maintain the status quo and prevent losses of coverage. For example, the previously mentioned fluoride varnish underutilization might be a goal to we can address. There is an increased anti-fluoridation movement. When Calgary removed fluoridation in their water child dental services that required anesthesia increased by 80%. Perhaps we could look at language in MCO contracts to work with dental benefits administrator to improve integration and utilization.

Mary Brandenburg mentioned that joint commission on health care recommended studying the impact of CHWs and finding ways to leverage them. The ways these are being used are inconsistent.

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Joanna Fowler asked about merging FAMIS and Medicaid kids' programs so that FAMIS kids can get full EPSDT. Is this being considered?

VI. Agenda for March 6, 2025, CHIPAC Meeting

This meeting will be in-person. Mary Brandenburg asked for a regular feedback loop on items from previous meetings. Jennifer MacDonald mentioned that VDH title V needs assessment is ongoing right now. It won't be ready for March but possibly a presentation during the June CHIPAC meeting?

VII. Public Comment

Irma Blackwell mentioned better connected resources for families and introduces Katie Trump. Katie is a mother to a new baby Liam who was a 24-weeker and had a 100+ day NICU stay. The bulk of her issues came post-discharge. Despite having 10 years of insurance experience, Katie was blindsided by the various issues she's experienced. The biggest issue was that there's no standard operating procedure within hospitals to provide patients with information about maternal health services. For example, she didn't know what a UAI was, or that the CCC+ waiver existed. The HIP program was another one that's very important to her as a working mom. I am passionate about better educating parents about these resources being available and helping parents navigate eligibility and enrollment. "I can't imagine anyone more vulnerable than a preemie child and it feels gross that these services are not better connected and navigated for them."

VIII. The meeting adjourned at 2:38pm.

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