





Thursday, September 4, 2025 1:00 PM to 3:30 PM

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

To Join Meeting virtually:

https://teams.microsoft.com/l/meetup-

join/19%3ameeting N2Q3Yjg4MWYtMGUzZS00MjkyLTk1N2YtNGMxNzIxOGM1OTI2%40thread.v 2/0?context=%7b%22Tid%22%3a%22620ae5a9-4ec1-4fa0-8641-

5d9f386c7309%22%2c%22Oid%22%3a%229093fb46-2494-4ee8-a8f9-eab4f689bc31%22%7d

Remote Conference Captioning Link:

https://www.streamtext.net/player?event=HamiltonRelayRCC-0904-VA4333

AGENDA

#	Item	Approx. Time
I.	Welcome and Announcements	1:00 – 1:05 PM
II.	H.R. 1 Implications for Medicaid/FAMIS Cheryl Roberts, Director, DMAS	1:05 – 1:45 PM
III.	CHIPAC Business A. Review/approval of minutes from June 5, 2025 meeting B. Membership updates C. Review and approval of 2026 meeting dates	1:45 – 2:00 PM
IV.	Cardinal Care Correspondence Center Danielle Nowell, Operations Lead, Director's Office, DMAS	2:00 – 2:15 PM
V.	Cardinal Care Managed Care and Foster Care Specialty Plan Christine Minnick, Child Welfare Program Specialist, DMAS	2:15 – 2:30 PM
VI.	Update on Virginia's School-Based Health Centers Dr. Bern'Nadette Knight, Child and Family Program Specialist Virginia Department of Behavioral Health and Developmental Services	2:30 – 3:00 PM
VII.	Medicaid/FAMIS 2025-26 Back-to-School Outreach Rachel Lawrence, Strategic Initiatives Specialist, Eligibility Policy & Outreach Division, DMAS	3:00 – 3:15 PM
VIII.	Agenda for December 11, 2025 CHIPAC Meeting (all-virtual)	3:15 – 3:25 PM
IX.	Public Comment	3:25 – 3:30 PM

Reasonable accommodations will be provided upon request for persons with disabilities or limited English proficiency. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269, or civilrightscoordinator@dmas.virginia.gov, at least five (5) business days prior to the meeting to make arrangements.



DRAFT Meeting Minutes June 5, 2025

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

The following CHIPAC members were present at this virtual meeting:

Freddy Mejia (Chair)
 Sarah Stanton
 Jennifer Macdonald
 The Commonwealth Institute
 Joint Commission on Health Care
 Virginia Department of Health

Alexandra Javna Virginia Department of Education (DOE)
 Hanna Schweitzer Virginia Department of Behavioral Health and

Developmental Services (DBHDS)

• Melissa Terrell (substitute) Virginia Department of Social Services (VDSS)

• **Joanna Fowler** Virginia Health Care Foundation

• **Kelly Cannon** Virginia Hospital and Healthcare Association

• 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)

• Victoria Richardson Virginia Poverty Law Center

• **Tiffany Gordon** Virginia League of Social Services Executives

The following CHIPAC members were not present:

• Laura Harker Center on Budget and Policy Priorities

• Kenda Sutton-EL Birth in Color

• Martha Crosby Virginia Community Healthcare Association

I. Welcome and Announcements. Freddy Mejia, CHIPAC Chair, called the meeting to order at 1:01pm. Mejia welcomed Committee members and members of the public and introduced DMAS Director Cheryl Roberts. Roberts shared that the 2025 General Assembly work has been completed, and the Governor has signed the budget, giving DMAS 52 items to implement.

The new Cardinal Care Managed Care (CCMC) contract period will go live on July 1, only 25 days away. Molina, which was not selected to continue as a CCMC managed care organization (MCO), has withdrawn its lawsuit, and Humana Healthy Horizons will

DRAFT 1

go live as a CCMC plan. Former Molina enrollees will be given the option to select a new plan, and will be enrolled with Humana if they do not select otherwise. Anthem HealthKeepers Plus will run the foster care specialty plan. Beginning next week, one million communications about these changes will be sent to members and providers.

DMAS celebrates improvements in Virginia's maternal and postpartum outcomes. Petersburg exemplifies these positive developments. DMAS has revamped its website, including data dashboards, and its social media presence.

II. CHIPAC Business

- **A.** Review/Approval of Minutes from March 6, 2025 Meeting. Emily Moore introduced a motion to approve, and Kelly Cannon seconded. Minutes were approved unanimously.
- **B. Membership Updates.** Alex Javna, VDOE, has agreed to renew her membership for another 3-year term.

With Sarah Bedard Holland's departure from Virginia Health Catalyst, the Committee invited Catalyst's Policy Director/interim CEO, Ben Barber, to continue representing Catalyst on CHIPAC. The Committee reviewed Barber's completed candidate materials, and Emily Moore introduced a motion to approve membership. Martha Crosby seconded the motion, and the Committee voted unanimously in approval.

III. Presentation on Federal Changes Impacting Children's Services. Tricia Brooks, Research Professor, Georgetown Center for Children and Families, gave an overview of the federal budget reconciliation process and the state-of-play of the *One Big Beautiful Bill Act* (BBB) under consideration by the U.S. Senate after having passed the House.

The House-passed version of the BBB includes multiple Medicaid/CHIP provisions, including a 10-year moratorium on Eligibility and Enrollment Final Rules finalized under the Biden Administration, prohibitions on Medicaid coverage for certain benefits and providers, freezes on provider assessments, and limitations on state-directed payments. Additional provisions specifically targeting the Medicaid Expansion covered group include work reporting requirements, mandatory cost-sharing, more frequent eligibility redeterminations, and reductions in Federal Matching Assistance Percentage (FMAP) for states that provide coverage to certain immigrant populations.

New administrative changes for state Medicaid agencies are also included: states would be required to regularly check the "Death Master File" (both for provider network accuracy and program enrollment integrity), and certain existing "good-faith waiver" provisions that protect states against penalties for exceeding improper payments thresholds would be eliminated. Additional impacts to children's health within the bill include \$300 billion in reductions to federal SNAP funding over 10 years.

IV. Biennial Budget Updates and Federal Budget Monitoring. Truman Horwitz, DMAS Budget Division Director, shared highlights from Virginia's signed biennial budget, to

include a study to move to a single Pharmacy Benefit Manager, clarification of tribal reimbursement rules, and authorization for DMAS to pursue an 1115 Demonstration waiver to enhance services for individuals with Serious Mental Illness.

Medicaid spending is on track with the forecast. The DMAS Budget Division is closely monitoring and analyzing potential Congressional action.

V. Title V Maternal and Child Health Needs Assessment Results. Cindy deSa, Title V Director at the Office of Family Services at the Virginia Department of Health, shared that Title V's purpose is to "provide and to assure mothers and children (particularly those with low income or with limited availability of health services) access to quality maternal and child health services. Its priorities can transition based on state needs. In Virginia, Title V sustains VDH's maternal and child health workforce, including in all 35 local health districts. It includes six domains: Women's and Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children and Youth with Special Health Care Needs, and Care Coordination/Systems-Building.

States are required to conduct a statewide needs assessment every five years. Virginia is finalizing a new five-year action plan based on this assessment, which included both qualitative (stakeholder interviews and community focus groups) and quantitative (survey instrument) components. Emerging pillars in 2024-25 were: 1) access, 2) capacity, 3) impact, and 4) optimal health. Underneath these pillars lie 7 priorities: 1) Utilize comprehensive upstream systems approach to impact Maternal and Child Health (MCH) outcomes, and improve access to care through system coordination and navigation;* 2) Strengthen preventive behaviors to improve outcomes, and promote mental health across MCH populations;* 3) Enhance state MCH data capacity, and increase workforce capacity among MCH professionals; and 4) Advance collaboration, partnership, and community engagement to build local trust. *Priority required by the Health Resources and Services Administration for all states.

VDH will launch the new State Action Plan at a Title V summit this fall (date TBD).

- VI. Agenda for September 4, 2025 CHIPAC Meeting (In-Person). Possible topics include potential changes stemming from the December 2024 Evaluation of Medicaid Eligibility Determinations comprehensive study, and an update on this work; an annual update on school-related activities, including Medicaid School Based Services, back to school outreach, and/or children's vaccination updates/progress; and updates on the Cardinal Care Correspondence Center (DMAS centralized mail room).
- **VII. Public Comment.** At 2:55pm, Mejia opened the floor for public comment. None was given. The meeting adjourned at 2:57pm.



2026 Proposed Meeting Dates

September 4, 2025

CHIPAC Full Committee Meetings

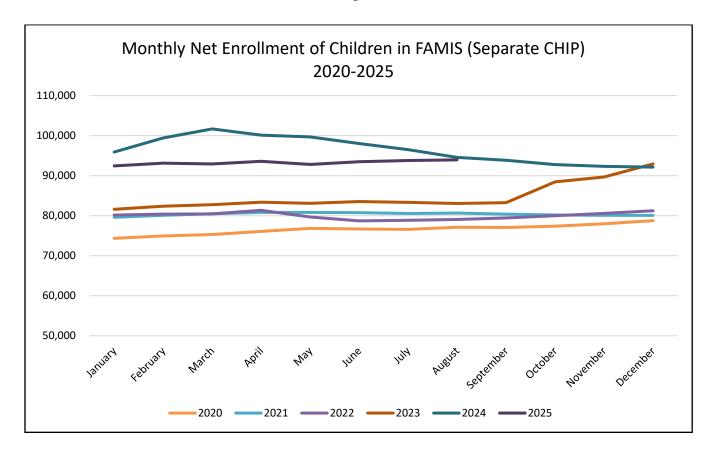
- Thursday, March 5, 2026 (1:00–3:30 pm)
- Thursday, June 4, 2026 (1:00–3:30 pm) Virtual Meeting
- Thursday, September 10, 2026 (1:00–3:30 pm)
- Thursday, December 10, 2026 (1:00–3:30 pm) Virtual Meeting

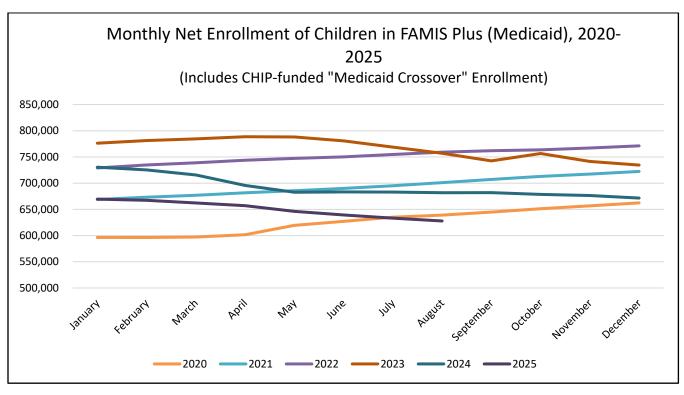
CHIPAC Executive Subcommittee Meetings

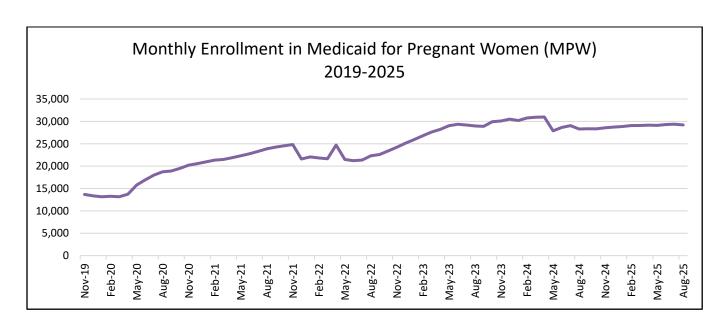
- Friday, January 16, 2026 (10:00 am-12:00 pm) Virtual Meeting
- **Friday, April 17, 2026** (10:00 am–12:00 pm)
- Friday, July 17, 2026 (10:00 am-12:00 pm) Virtual Meeting
- Friday, October 16, 2026 (10:00 am-12:00 pm)

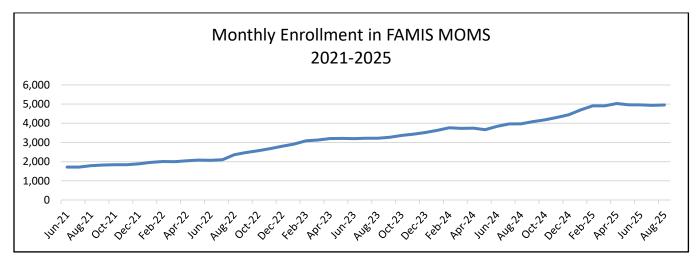
CHIPAC Quarterly Enrollment Dashboards

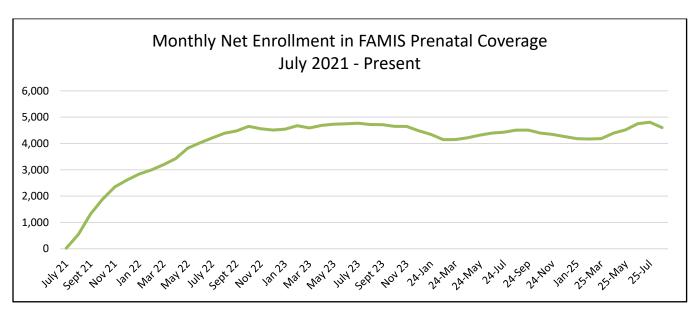
As of August 2025











CHIPAC MEMBER CONTACT LIST: September 2025

	Organization	Representative	Contact info
1.	Joint Commission on Health Care*	Sarah Stanton Executive Director 3-year term: March 2024 – March 2027	Joint Commission on Health Care P.O. Box 1322 Richmond, VA 23218 (804) 371-2591 SStanton@jchc.virginia.gov
2.	Department of Health*	Jennifer O. Macdonald Director, Division of Child and Family Health 3-year term: March 2024 – March 2027	Virginia Department of Health 109 Governor Street Richmond, VA 23219 (804) 864-7729 Jennifer.Macdonald@vdh.virginia.gov
3.	Department of Education*	Alexandra Javna Student Services Specialist, Office of Student Services 3-year term: Sept. 2025 – Sept. 2028	Virginia Department of Education P.O. Box 2120 Richmond, VA 23218 (804) 786-0720 alexandra.javna@doe.virginia.gov
4.	Virginia Department of Behavioral Health and Developmental Services*	Hanna Schweitzer VMAP Program Administrator Office of Child and Family Services 3-year term: Dec. 2024 – Nov. 2027	Virginia Department of Behavioral Health and Developmental Services P.O. Box 1797 Richmond, VA 23218 hanna.schweitzer@dbhds.virginia.gov
5.	Virginia Health Care Foundation*	Joanna Fowler Director of Health Insurance Initiatives 3-year term: September 2024 – September 2027	Virginia Health Care Foundation 6806 Paragon Place, Suite 250 Richmond, VA 23230 (804) 828-5804 joanna@vhcf.org

6.	Virginia Department of Social Services*	Irma Blackwell Medical Assistance Program Manager	Division of Benefit Programs Virginia Department of Social Services
			801 East Main Street, Richmond, VA 23219 (804) 584-6763
		3-year term: March 2024– March 2027	i.blackwell@dss.virginia.gov
7.	Center on Budget and	Laura Harker	Center on Budget and Policy Priorities
	Policy Priorities		1125 1st Street NE
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Washington, DC 20002
		2-year term: June 2024 – June 2026	(202) 325-8713
			<u>lharker@cbpp.org</u>
8.	Virginia League of Social	Tiffany Gordon, MSW	Mathews Department of Social Services
	Services Executives	Director	P. O. Box 925
			Mathews, VA 23109
		2 4 1 2024 1 2026	804-725-7192
		2-year term: June 2024 – June 2026	T.Gordon@dss.virginia.gov
9.	The Commonwealth	Freddy Mejia	The Commonwealth Institute for Fiscal Analysis
	Institute for Fiscal	Director of Policy	1329 E. Cary St. #200
	Analysis		Richmond, VA 23219
		Chair	(804) 396-2051 x106
		2 224 34 222	freddy@thecommonwealthinstitute.org
1.0	XX : 0 XX: : : .	2-year term: June 2024 – May 2026	XX : 0 XX: : 1 A G1711
10.	Voices for Virginia's	Emily Moore	Voices for Virginia's Children
	Children	Senior Policy Analyst	2405 Westwood Avenue, Suite F
		W. Cl.:	Richmond, VA 23230
		Vice Chair	(804) 659-0184
		2 year term: December 2022 December 2025	emoore@vakids.org
	***	2-year term: December 2023 – December 2025	
11.	Virginia Association of	Heidi Dix	Virginia Association of Health Plans
	Health Plans	Senior Vice President of Policy	1111 E. Main Street, Suite 910
			Richmond, VA 23219
			(804) 648-8466
		2-year term: March 2024 – March 2026	heidi@vahp.org
		2-year term. March 2027 – March 2020	

12.	Virginia Chapter of the American Academy of Pediatrics	Dr. Susan Brown Executive Subcommittee Member	(804) 363-7732
		2-year term: March 2024 – March 2026	Gollobrown@gmail.com
13.	Virginia Hospital and Healthcare Association	Kelly Cannon Senior Director, VHHA Foundation Executive Subcommittee Member 2-year term: June 2024 – June 2026	Virginia Hospital and Healthcare Association 4200 Innslake Drive, Suite 203 Glen Allen, VA 23060 (804) 212-8721 kcannon@vhha.com
14.	Virginia Community Healthcare Association	Martha Crosby Programs and Business Lead 2-year term: December 2024 – December 2026	Virginia Community Healthcare Association 3831 Westerre Parkway, Suite 2 Henrico, VA 23233-1330 (804) 237-7677 mcrosby@vcha.org
15.	Birth in Color	Kenda Sutton-EL Executive Director 2-year term: March 2024 – March 2026	Birth in Color RVA 115 E. Broad Street, Unit 1A Richmond, Virginia 23219 (804) 840-6435 kenda@birthincolorrva.org
16.	Virginia Health Catalyst	Ben Barber Vice President of Policy 2-year term: September 2025 – September 2027	Virginia Health Catalyst 4200 Innslake Drive, Suite 202 Glen Allen, VA 23060 (845) 558-1860 bbarber@vahealthcatalyst.org
17.	Virginia Poverty Law Center	Victoria Richardson, Esq. Staff Attorney, Healthcare & Public Benefits 2-year term: June 2024 – June 2026	Virginia Poverty Law Center 919 E Main St #610 Richmond, VA 23219 (804) 332-1432 victoria@vplc.org



Children's Health Insurance Program Advisory Committee of Virginia

Quarterly Meeting

September 4, 2025



Meeting Agenda

- Welcome and Announcements
- H.R. 1 Implications for Medicaid/FAMIS
- CHIPAC Business
- Cardinal Care Updates
- Back-to-School Updates
- Planning for December 11 meeting (all virtual)
- Public Comment



Real-time Remote Captioning

Remote conference captioning is being provided for this event.

- The link to view live captions for this event will be pasted in the chat.
- Those attending virtually can click on the link to open up a separate window with the live captioning.



Meeting Notice – Public Access

- There will be a public comment period at the close of the meeting.
- This meeting is being recorded. Recording will be posted to Virginia Town Hall, and on the Virginia Department of Medical Assistance Services (DMAS) website.



Roll Call

Organization	Name
Joint Commission on Health Care*	Sarah Stanton
Virginia Department of Health*	Jennifer Macdonald
Virginia Department of Education*	Alexandra Javna
Virginia Department of Behavioral Health and Developmental Services*	Jessica Caggiano (substitute)
Virginia Health Care Foundation*	Joanna Fowler
Virginia Department of Social Services*	Niani Heath (substitute)
Virginia Association of Health Plans	Heidi Dix
Virginia Community Healthcare Association	Martha Crosby

^{*} Member organizations required per Code of Virginia



Roll Call

Organization	Name
The Commonwealth Institute for Fiscal Analysis	Freddy Mejia, <i>Chair</i>
Voices for Virginia's Children	Emily Moore, Vice Chair
Virginia Chapter of the American Academy of Pediatrics	Dr. Susan Brown
Birth in Color	Kenda Sutton-EL
Virginia Poverty Law Center	Victoria Richardson
Virginia Health Catalyst	Ben Barber
Center on Budget and Policy Priorities	Laura Harker
Virginia Hospital and Healthcare Association	Kelly Cannon





Children's Health Insurance Program Advisory Committee of Virginia





DMAS Director's Remarks

Cheryl Roberts, J.D.

DMAS Director





Federal Policy Actions H.R.1 – One Big Beautiful Bill Act (OBBBA)

Cheryl Roberts, J.D.

DMAS Director



Who Do We Cover

September 1, 2025



1,841,200 Virginians

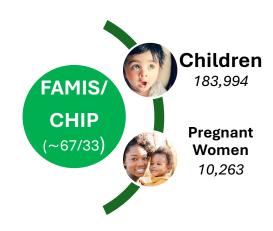


Adults

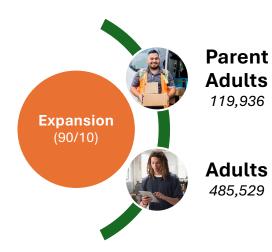
- Older Adults: 150,860
- Caretaker: 116,808

Individuals with Disabilities
90,171

Pregnant Women 30,120



Plus 179,294 with Limited Benefits





H.R.1 – One Big Beautiful Bill Act (OBBBA)

- H.R. 1, the One Big Beautiful Bill Act (OBBBA) was passed by Congress on July 3 and signed into law by the President on July 4, 2025
- OBBBA contains key Medicaid provisions including provider tax restrictions, community engagement requirements, and changes to state-directed payment limits
- Implementation of Medicaid provisions will be a collaboration with input from the Governor's Office, the General Assembly, and federal partners
- CMS implementation guidance will be forthcoming; Virginia-specific impacts will depend on guidance and directives



H.R.1 – OBBBA Timeline

Oct 1, 2026 Jul 4, 2025 Jan 1, 2028 Oct 1, 2029 Jan 1, 2027 § 71115 § 71109 § 71103 § 71116 § 71106 **Provider Taxes Reducing Duplicate Enrollment** State Directed Payments Payment Reduction Non-citizen Medicaid Under the Medicaid and CHIP Related to Certain Eligibility July 1, 2028 **Programs** Erroneous Excess § 71401 § 71110 Payments Under § 71121 Rural Health § 71107 Expansion FMAP for Medicaid Transformation Making Certain **Eligibility Redeterminations Emergency Medicaid** Program Adjustments to Coverage of Home or Community-§ 71112 Based Services under Reducing State Medicaid Costs Medicaid Oct 1, 2025 Jan 1, 2027 Jan 1, 2027 Oct 1, 2028 § 71113 § 71119 § 71104 § 71120 Federal Payments to Requirement for States to **Ensuring Deceased Individuals** Modifying Cost Sharing **Prohibited Entities** Do Not Remain Enrolled Requirements for Certain Expansion **Establish Medicaid Community Engagement Requirements for** Individuals Under the Medicaid



Certain Individuals

Program

Subpart A Reducing Fraud and Improving Enrollment Process Criteria for Expansion Only, and All Populations

- **⇒Frequency of Expansion Eligibility Redeterminations** (Section 71107)
 - ► Effective January 1, 2027
 - ➤ Requires a redetermination for Expansion enrolled individuals to occur every six months; currently redeterminations occur on an annual basis
 - ▶ Governor's Executive Directive directs Secretary of HHR to work with stakeholders and leverage best practices in implementation
- **Concurrent Enrollment & Deceased Individuals** (Section 71104, 71105)
 - ► Effective January 1, 2027/January 1, 2028
 - ▶ Requires states to obtain enrollee address information using reliable data sources
 - ▶ Requires states to review the Death Master File quarterly to identify deceased individuals
- Operational impacts to DMAS, state and local DSS agencies to include systems, staffing, and resources



Subpart A Reducing Fraud and Improving Enrollment Process *All Populations*

⇒Immigrant Eligibility and Federal Match (Section 71109-77110)

- ► Effective October 1, 2026
- Narrows the definition of qualified alien from current law
- Payments for services for an emergency medical condition furnished to an individual eligible for Expansion except for their citizenship status shall be limited to 50% federal match; currently 90%
- Operational impacts to systems and general fund impact due to match reduction

○ Payment Reduction Related to Certain Erroneous Excess Payments Under Medicaid (Section 71109-77110)

- ► Effective October 1, 2029
- Pending CMS guidance, intent is to allow recoupment of erroneous payments beyond current Payment Error Rate Measure (PERM)
- ► Errors include payments made on behalf of ineligible individuals and when there is insufficient documentation to support eligibility
- The 3% error rate threshold applies to any audits conducted by the federal Secretary of Health and Human Services (HHS) and, at the Secretary's option, audits conducted by the state



Subpart B Preventing Wasteful SpendingAll Populations

⇒ Retroactive Coverage (Section 71120)

- ► Effective January 1, 2027
- Limits retroactive coverage to one month for Expansion and two months for all other individuals; current limits are three months for all populations except for CHIP/FAMIS
- Operational impacts to state and local DSS agencies to include systems, staffing and resources

Delay of Nursing Facility Final Rule (Section 71111)

- Effective July 4, 2025
- May not implement prior to October 1, 2034
- No DMAS operational impacts



Subpart C Stopping Abusive Financing Practices

Provider Taxes and State Directed Payments

- **○Provider Taxes** (Section 71115)
 - ► Begins July 1, 2027
 - No impact to Medicaid expansion funding levels in Virginia
 - Virginia will retain three existing provider taxes
 - Coverage assessment (funds state share of Medicaid expansion)
 - ► Rate assessment (funds hospital supplemental payments)
 - Intermediate Care Facility assessment (funds ICF supplemental payments)
 - Moratorium on submission of new provider taxes effective July, 2025
 - ► Gradual decline in allowable provider assessments starting July 1, 2027 (from current 6% down to 3.5%)
- **⇒State Directed Payments** (Section 71116)
 - Effective January 1, 2028
 - ➤ Supplemental payments above Medicare will be lowered to 100% of Medicare



Subpart D Increasing Personal Accountability Expansion Only

- Community Engagement and Work Requirements (Section 71119)
 - ► Effective December 31, 2026
 - Requires individuals applying for or enrolled in Expansion to participate in a qualifying activity at least 80 hours per month to be eligible
 - Exempts major groups such as parents and individuals with disabilities
 - Qualifying activities: work, community service, education, or any combination of the above
 - States must verify compliance at application for Medicaid and every six months thereafter
- Operational impact: systems, administrative, and outreach costs and resources



Subpart D Increasing Personal Accountability *Expansion Only*

- **CMS** is beginning to work on getting states guidance that they need
 - ► Developing guidance
 - Convening a workgroup of Medicaid directors and staff on implementation (Virginia is engaged)
 - Working with IT vendors on modules that states can use for implementation
- States have options to consider when planning implementation
 - Statute provides flexibility for what additional circumstances temporarily exempt members from the requirements
 - States will make policy decisions, assess verification processes, and plan outreach
 - CMS may entertain implementation delays for good cause (up to one year)
- ⇒Governor's Executive Directive directs Secretary of HHR to engage with business leaders, local governments, non-profit volunteer service organizations, and institutions of higher education on the implementation of work and community engagement requirements



Subpart D Increasing Personal Accountability Expansion Only

Cost Sharing

- Effective October 1, 2028
- Requires cost sharing greater than zero for Expansion members with incomes above 100% of the Federal Poverty Level up to \$35 per service
- Exceptions for: primary care, substance use disorder and mental health, services provided by FQHCs, rural and behavioral health clinics
- Subset of entire Medicaid population, will have additional operational and system impacts
- Previous copayments in Virginia were \$1 \$3



Subchapter E Expanding Access to Care

- **○Adjustments to Home or Community Based Services** (Section 71121)
 - Effective July 1, 2028
 - Creates a new standalone 1915(c) waiver that does not require participants to be subject to a determination that, but for the provision of home and community-based services (HCBS), those individuals would require nursing facility or ICF/IDD level of care
 - To qualify, states must:
 - Meet requirements for all other 1915(c) waivers and demonstrate the approval of the waiver will not increase average wait time to receive HCBS under any other approved waiver
 - Attest to cost neutrality
 - Agree to submit annual reports detailing the cost of services provided
 - Payments may not be made under the waiver to third parties for benefits such as health insurance, skills training, and other benefits customary for employees



Chapter 4 Protecting Rural Hospitals and Providers *Rural Health Transformation Program*

⇒ Rural Health Transformation Program (Section 71401)

- ► Effective July 4,2025
- Establishes a \$50 billion grant program (\$10 billion per fiscal year 2026-2030), 100% of funding from federal funds
- ▶50% of grant funds distributed equally among all states
 - Virginia will receive \$100 million annually, equal to \$500 million over five years
- >50% of grant funds competitively allotted based on three criteria:
 - Percentage of population that is rural
 - Proportion of rural health facilities in state relative to number of rural facilities nationwide
 - Situation of hospitals
- ➤ Virginia's one-time application detailing rural transformation plan to be approved or denied by CMS by December 31, 2025, makes state eligible for all funding years



Chapter 4 Protecting Rural Hospitals and Providers

Rural Health Transformation Program (continued)

⇒Federal intent of new Rural Health Transformation Program:

- Promote evidence-based interventions to improve prevention and chronic disease management
- Provide payments to health care providers for the provision of health care items or services
- Provide training and assistance to develop technology-enabled solutions to improve care in rural hospitals
- Recruit and retain clinical workforce talent in rural areas
- ► Aid with significant technology advances
- Assist rural communities to right size health care delivery systems
- Support access to opioid use disorder, substance use disorder and mental health services
- Develop projects that support innovative models of care



Chapter 4 Protecting Rural Hospitals and Providers

Rural Health Transformation Program (continued)

CMS Has Designated Governor's Office as Lead

- ► Governor Youngkin issuing Executive Directive 12
 - ▶ Directs Secretary of Health and Human Resources to work with state agencies, state and local governments, representatives of major health care providers to develop a plan to develop a Rural Health Transformation Plan
 - ► The plan will leverage funds provided by the rural health care transformation fund program to support quality access to health care in rural Virginia
- The plan shall be provided to the Governor in alignment with CMS guidance and timelines and include:
 - ▶ Virginia-specific Assessment of Need community healthcare needs assessment, review of financial health of existing providers, and applicable definitions of rurality.
 - ▶ National Best Practices assessment of innovative programs and best practices to meet rural healthcare needs.
 - ▶ **Options for Investment Strategies** provide Virginia leadership with options for how to invest funding to most effectively improve rural health.



Chapter 4 Protecting Rural Hospitals and Providers

Rural Health Transformation Program (continued)

The Secretary of Health and Human Resources will facilitate rapid, broad, stakeholder outreach efforts that include:

- On-site listening sessions in rural areas across Virginia and a central email address to gather feedback
- Outreach to members of the General Assembly on the development of the Rural Health Transformation Plan.
- ► A central email address has been established take questions and accept additional input:

<u>RuralTransformation@governor.virginia.gov</u>



Questions

Contacts:

- Cheryl Roberts, Director: Cheryl Roberts@dmas.virginia.gov
- Jeff Lunardi, Chief Deputy: Jeff.Lunardi@dmas.virginia.gov
- Will Frank, Senior Advisor for Legislative Affairs: Will.Frank@dmas.virginia.gov





Children's Health Insurance Program Advisory Committee of Virginia



CHIPAC Business Items

- Review/approval of minutes from June 5, 2025 meeting
- Membership updates
- Review and approval of 2026 meeting dates



PROPOSED 2026 Meeting Dates

CHIPAC Full Committee Meetings

- **Thursday, March 5, 2026** (1:00–3:30 pm)
- Thursday, June 4, 2026 (1:00–3:30 pm) Virtual Meeting
- Thursday, September 10, 2026 (1:00–3:30 pm)
- Thursday, December 10, 2026 (1:00–3:30 pm) *Virtual Meeting*

CHIPAC Executive Subcommittee Meetings

- Friday, January 16, 2026 (10:00–11:00 am) Virtual Meeting
- Friday, April 17, 2026 (10:00–11:00 am)
- Friday, July 17, 2026 (10:00–11:00 am) Virtual Meeting
- Friday, October 16, 2026 (10:00–11:00 am)





Agenda

- Background
- Project Scope
- Implementation Phases
- Collaboration
- Open discussion



Background

- The General Assembly passed budget item 292 #6c which became
 effective July 1, 2024, requiring DMAS to contract a vendor to create
 a centralized inbound mailroom for Medicaid members. This will
 centralize handling of inbound and administratively returned
 Medicaid member-related mail currently handled across the 120 local
 agencies throughout the state of Virginia.
- DMAS executed a contract modification to the Cover VA contract to implement and manage ongoing operations for this mailroom. The scope of the project aligns with the vendor's existing infrastructure and processes, making this smooth transition.
- DMAS has begun work to implement the Cardinal Care Correspondence Center, already implementing one of the three phases for the project.
- System changes to support this work are underway with one release in production and another slated for the end of September.





Project Scope

Inbound Mail handling will include:

- New Applications
- Renewals
- Returned verification documents

Administratively Returned Mail handling will include:

 Member-related returned mail generated from the eligibility and enrollment systems.

Maximus will utilize bulk upload functionality to upload documents into the Virginia Case Management System (VaCMS), Virginia's eligibility system.





Implementation Phases - 2025



August 4, 2025
Inbound Mail
will route to the
Correspondence
Center.



October 3, 2025

Administratively
Returned Mail generated
from the eligibility system
will route to the
Correspondence Center.



November 3, 2025

Administratively returned Mail generated from the enrollment system will route to the Correspondence Center.



Project Scope – Contract Modification



Contractual requirements will have strict timelines defined for mail handling.

- New Applications and Renewals shall be scanned and entered into the eligibility system within two business days.
 - Pregnant Women applications and renewals will follow a onebusiness day requirement to enter into the system.
- Returned verification documents will be scanned into the system within two business days.
- Administratively returned mail will be scanned into to the system within two business days.
 - If forwarding address is received, mail will be resent within three business days.
 - If no forwarding address is received, attempts to contact the member, via two modalities, shall occur within five business days.



Collaboration

The goal of this mailroom is to become more efficient in our inbound mailroom processes while easing the burden on our local agency workers and providing improved handling to Virginia's Medicaid members and applicants. To ensure the success of this project, DMAS collaborated with the following entities to assist with planning and implementing:

- Virginia Department of Social Services (VDSS)
- Local Department of Social Services (LDSS)
- Virginia League of Social Services Executives (VLSSE)
- The Virginia Benefits Programs Organization (BPRO)

DMAS has also contracted with Guidehouse to provide consulting services throughout the implementation.









Questions?





Managed Care Programs Update

Christine Minnick, Child Welfare Program Specialist
Maternal & Child Health Unit
Division of Health Care Services





Cardinal Care

Virginia's Medicaid Program











Cardinal Care Managed Care

DMAS improved the Cardinal Care Managed Care (CCMC) program with these steps:





No reductions in benefits and services

Existing service authorizations will be honored

Newly enrolled members will be in FFS for a short time prior to enrollment in a health plan

SAME

One managed care program, one contract

Providers are required to enroll and periodically revalidate directly with DMAS

Humana Healthy Horizons of Virginia is CCMC's new MCO Molina is no longer be available and Molina members were moved to Humana

Anthem HealthKeepers Plus is the single statewide Foster Care Specialty Plan (FCSP) for children and youth in foster care, adoption assistance, and former foster care

NEW

Model of care – with a stronger focus on member centered care, with holistic and responsive care management

New contracts and rates that include new GA initiatives New plan programs and initiatives New enhanced services

Foster Care Specialty Plan (FCSP)



https://www.anthem.com/va/medicaid/foster-care-adoption



FCSP Value Added Benefits

Trauma-informed care management model with data informed decision-making tools to ensure member's physical, behavioral, pharmacy, and social needs are met, as well as enhanced transition planning to empower youth aging out

Community-based teams across the five DSS regions plus a statewide dedicated support line (Mon-Fri 8am-5pm, 833-838-2605) Dedicated staffing with comprehensive expertise in specialized supports such as family preservation, post-adoption support, transitions of care, justice involvement, education and employment, and program analysis

Comprehensive whole-health resources to address the complex needs of youth, caregivers, and family involved in foster care; adoption assistance, and former foster care including resources for social-emotional education, caregiver toolkits, specialized training for providers, and more

Exclusive value-added benefits, including technology support, rewards for academic and health achievements, money for clothing, resources for a family game or movie night, engaging online classes, independent living and employment skills support, and more



Foster Care Specialty Plan Will Also Offer

Value-Added Benefits

Chromebook

Eligible members 17 and older receive a Chromebook after completing a Health Risk Assessment.



Educational Milestone Program

Eligible members, ages 11–18, who receive a GPA of 2.5 or higher during a semester in the current school year receive one \$25 gift card per school year.

Family Game Night

Members ages 5-18 can select a package: Family Movie Night with a \$50 movie and restaurant gift card, or Family Game Night with the restaurant gift card, a board game, puzzle, and dice.





Online Enrichment Classes

Eligible members ages 6–18 receive a \$50 gift card per year to enroll in various online classes including but not limited to nutrition, cooking, and fitness-related courses.



Eligible members ages 0–18 receive a \$100 yearly gift card to purchase clothing from retailers such as Walmart, Old Navy, thrift stores, and other clothing stores.



GED Support

Members 18 and older can receive up to four vouchers for the GED® test. The GED test covers four subjects.



Special CCMC Enrollment Period

- Members are able to compare and select a new MCO during the special enrollment period between June 19, 2025, and September 30, 2025
 - Selecting a new MCO before the 18th of the month will be effective the 1st of the next month
 - Selecting a new MCO after the 18th of the month will be effective the 1st of the month following the next month
- CCMC members have a choice to stay with their current MCO or change plans



Member Supports - Cardinal Care

Enrollment Broker

- The CCMC enrollment broker can help:
- Learn more about health plan choices
- Compare health plans, including plan provider networks and enhanced benefits
- Select or change plans
- Single CCMC health plan enrollment broker for all members
- Three easy ways to compare and enroll in a Cardinal Care health plan







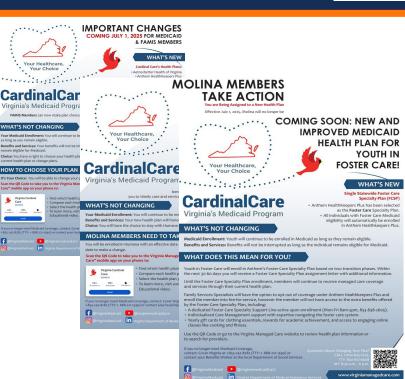
- **1. Virginia Cardinal Care App**Download for Android or iPhone
- **2. Online** virginiamanagedcare.com
- 3. Managed Care Helpline

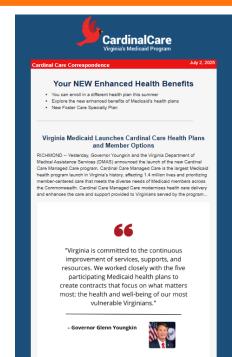
1- 800-643-2273 (TTY: 800-817-660) Monday – Friday, 8:30am – 6:00pm



Communications











New CCMC Implementation-Provider and Member Supports

```
Applicants * Members * Providers * Appeals * Data & Reports * News Updates About Us *
```

Learn More

Find answers to your questions. Cardinal Care Managed Care (CCMC) Transition Frequently Asked Questions (FAQs).

- Humana Healthy Horizons Provider FAQ
- · General Implementation Provider FAQ Coming Soon

View a recorded Virtual Cardinal Care Provider Education Session. Each recording includes the presentation given by DMAS and MCO representatives **and question and answer portion** of the event:

- Morning Virtual Cardinal Care Provider Education Session (June 13), watch here.
- Afternoon Virtual Cardinal Care Provider Education (June 13), watch here.

Watch a recording of the presentation without the question and answer portion or review a pdf of the presentation:

- Cardinal Care Provider Education Session Recording (YouTube Video)
- Cardinal Care Provider Education Session Presentation (pdf)

Submit questions to DMAS. The Cardinal Care FAQ will also be updated with additional information based on the questions received.

Review the new Provider bulletin, "July 1, 2025 Implementation of New Cardinal Care Managed Care Contract"

```
Applicants * Members * Providers * Appeals * Data & Reports * News Updates About Us *
```

Learn More!

View a recorded Virtual Cardinal Care Member Education Session. Each recording includes the presentation given by DMAS and MCO representatives and question and answer portion of the event:

- Morning Virtual Cardinal Care Member Education Session (June 10), Watch here
- Evening Virtual Cardinal Care Member Education (June 10), Watch here

Watch a recording of the presentation without the question and answer portion or review a pdf of the presentation.:

- Cardinal Care Member Education Session Recording (Video), English | Spanish
- Cardinal Care Member Education Session Presentation (pdf), English | Spanish

Submit additional questions about Cardinal Care Managed Care to DMAS. The Cardinal Care FAQ will also be updated with additional information based on the questions received.



Questions



ccmc@dmas.virginia.gov







CHIPAC School-Based Health Centers Update

September 4, 2025

Bern'Nadette Knight, PhD
Child and Family Program Specialist
Office of Child and Family Services





- Complement existing school health services by facilitating access to primary care and often behavioral health, vision, dental, and other services through school community partnerships for children and youth who experience barriers to accessing care because of systemic inequities, their family income or where they live.
- Source: Findings from the 2022 National Census of School-Based Health Centers. <u>FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS</u>





Why are School-Based Health Centers Important?



- School based health centers are associated with:
 - Higher rates of healthcare utilization and immunizations
 - Greater parent engagement
 - Improved school performance
 - Reduction in absenteeism
 - Increased graduation rates
 - Source: Commonwealth of Virginia. Office of the Secretary of Education and School Based Health Centers Task Force, Report from the School-Based Health Center Task Force, 2019, page 10, Richmond, VA.
 - Source: County Health Rankings and Roadmaps: School-Based Health Centers.
 School-based health centers | County Health Rankings & Roadmaps



DBHDS>>>

Why are School-Based Health Centers Important?

- There have been efforts on the local level to implement schoolbased health centers prior to state funding.
- Funding was appropriated by the General Assembly in FYs 24 and 25 to support the implementation of school-based health centers.
 - "Out of this appropriation, \$15,000,000 the first year and \$15,000,000 the second year from the general fund is provided for the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Department of Education, to (i) provide grants to contract with federally qualified health centers, or other healthcare organizations, to establish school-based health clinics, including mobile clinics, to serve students and their families, as well as school staff. These clinics shall provide mental health services, primary medical care, and other health services in schools; or (ii) to allow school districts to contract with a mental telehealth provider. The departments shall ensure that contracted organizations have the capability to bill third party insurers or public programs for services provided. DBHDS shall report on grants awarded to the Chairs of House Appropriations and Senate Finance and Appropriations Committees by December 1, 2025 and annually thereafter."



DBHDS	Comparison of Previous and New Funding	
		• •

	School-Based Mental Health Integration	School-Based Health Centers
Nature of partnership	Schools subcontract with public/private community providers	DBHDS funds Federally Qualified Health Centers or other healthcare organizations to create school clinics (including mobile options); direct contract with school divisions for mental telehealth services
Services provided	Mental health and substance use services	Mental health, substance use services, primary health and other services (i.e. dental, vision)
Who receives services	Students in awarded school divisions	Students, caregivers, school personnel
Technical Assistance	Provided to support program implementation among selected school divisions	Not outlined as a priority under new language
Fiscal considerations	DBHDS works with schools to develop budget to fund service provision.	DBHDS and DOE must ensure that contracted organizations have the capacity to bill third party insurers or public programs for services provided

•••••





- Request for Information (RFI)- Fall 2024
 - To assist DBHDS in effectively funding school-based health centers that provide primary medical care, mental health care, and other services to students, caregivers and school staff. The RFI was issued to answer the following questions:
 - How much will it cost healthcare providers to establish a contract to develop school-based centers (on grounds and/or mobile)?
 - What staffing levels are needed to establish clinics?
 - What capabilities need to be in place for health clinics to bill 3rd party insurers or public programs for services provided?
 - What equipment is needed to support implementation of school-based health centers?
 - 3 responses were received from the RFI
 - Information was used to develop a funding announcement



- Request for Proposal (Fall 2025)
 - Funding for on site or mobile school-based health centers
 - Medical, mental health, and other services
 - Open to healthcare providers and Federally Qualified Health Centers to apply
 - Services to support students, family/caregivers, staff
- Spring 2026
 - Anticipated contract awards from RFP





Rachel Lawrence Strategic Initiatives Specialist



BACK @ SCHOOL

Virginia Cardinal Care Has You Covered!

What Are We Doing This Year?

- Packages mailed to every Virginia public school:
 - Letter explaining the BTS campaign and the ask
 - o 100 flyers to distribute at Back to School nights *or* when convenient
- Additional flyers can be ordered for <u>FREE</u> on the <u>Cover Virginia website</u>
- As of today, almost 225,000 Back to School flyers have been mailed out!
- Blurb placed in the Superintendent newsletter with links to the Back to School webpage and letter





What Are We Doing?

- Social Media Messaging
- Social Media Graphics
- SMS and Robo Call Script
- Digital newsletter campaign to members and providers



BACK 🗭 SCHOOL

Messaging for texts and robo calls

2025 BTS Campaign: SMS Messages

- The school bell's about to ring! Get ready and make sure your children have health coverage for the school year. Visit commonhelp virginia.gov, to apply."
- √ 'It's time for kids to hit the books! Head to commonhelp virginia gov to apply for Cardinal Care (VA Madigald):

 Madigald):
- "Make sure you have all your school essentials checked-off, including health coverage! Cardinal Care (VA Medicaid) has you covered this year with benefits like vaccines, doctor visits, well check-ups, glasses, and much more!"
- 'Going through back to school checklists? Head to <u>coverva.dmas.virginia.gov</u> to check health coverage off your list! Text SCHOOL to 268782 to sign up for updates.'
- 'Does your family have health coverage checked-off for the school year? Text SCHOOL to 268782 to sign up for updates on everything back to school?'
- sign up for updates on everything back to school?

 'Do you have health coverage for the upcoming school year? Visit coverva.dmas.virginia.gov to sign up
- or
- for more information and support! Text SCHOOL to 268782 to sign up for updates.
- This is [SCHOOL/COMMUNITY ORGANIZATION] with a reminder that it's time to renew your child's Virginia Medicaid health coverage. Go to your online account at <u>commonhelp virginia gov</u> or look for a notice in the mail with the steps you need to take now to keep your child's coverage. For more information violt <u>coverva dmax virginia gov</u>.

2025 BTS Robo Call Script

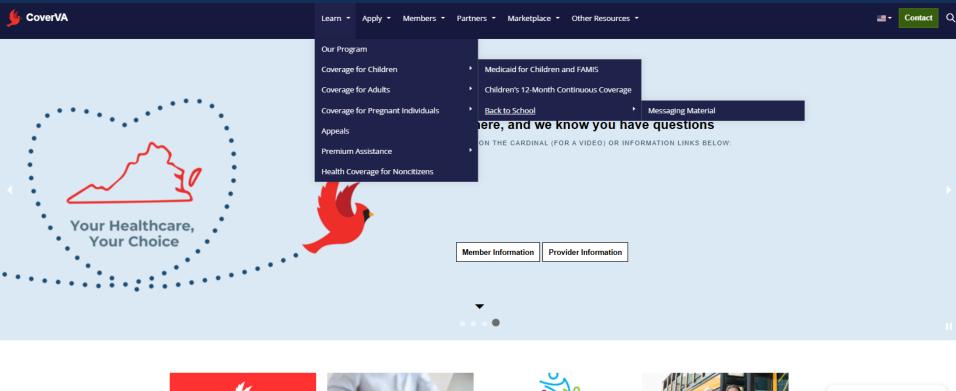
Hello! This is a message from (School Name)

Wait, don't hang up! Make sure you have everything checked off your list, including health coverage! We want to provide parents and guardians with information about healthcare coverage for children and adults. Cardinal Gare (VA Medicaid) covers annual check-ups, shots, dental care, behavioral health care, vision care and glasses, and much more.

Accessing Cardinal Care (VA Medicaid) is easy! Text SCHOOL to 2668782 to sign up for updates, virit coverv.emas.virginia.gov, or call toll free at 1-855-242-8282 for more information! Cover Virginia has interpreters on staff waiting to help you at 1-888-221-1590.

DMAS BTS 2025 Messaging 0625









Please stay tuned for more



Renewing Your Coverage

Did you know you have to renew



Medicaid Member Advisory Committee



2025 Back to School

The 2025 Back to School

to get answers to your questions. // ¿Preguntas' ¡Lo podemos ayudar! Comuniquese con nosotros por chat para obtener respuestas a sue preguntas.

Ouestions? We can help! Chat with us





What Are We Asking Our Partners to Do?

- Distribute Back to School flyers
- Provide information to and answer questions
- Add link to the Back to School webpage in digital correspondence
- Include blurb in digital correspondence

Reminder:

Medicaid outreach is a claimable activity for school divisions that participate in the Medicaid and Schools billing program. These school divisions **can get reimbursed** for time spent educating families about Cardinal Care.







Questions?

 Please contact us at <u>CoverVirginia@dmas.virginia.gov</u>





Children's Health Insurance Program Advisory Committee of Virginia







Planning for December 11
CHIPAC Meeting



Public Comment



Children's Health Insurance Program Advisory Committee of Virginia

