



VIRGINIA'S MEDICAID PROGRAM



# VIRGINIA MEDICAID MEMBER ADVISORY COMMITTEE (MAC)

## 2023 Annual Report

# Introduction



The Virginia Department of Medical Assistance Services (DMAS) provides services and programs for approximately 2 million people in the Commonwealth of Virginia. DMAS is the single state entity responsible for Virginia's Medicaid program, Children's Health Insurance Program (CHIP), and Medicaid waivers. DMAS' mission is to improve the health and well-being of Virginians through access to high-quality healthcare coverage.

Approximately four percent of the Medicaid population is in fee-for-service (a method in which doctors and other health care providers are paid directly by DMAS for each service performed), with the remaining majority receiving care through Cardinal Care Managed Care (CCMC). Managed care delivers health care services emphasizing the relationship between a primary care provider (PCP) and the Medicaid member. The goal of managed care is to have a central point through which all medical care is coordinated.

In 2019, DMAS established the Virginia Medicaid Member Advisory Committee (MAC), comprised entirely of Medicaid members or their authorized representatives, to allow Medicaid members a platform to share their experiences, observations, and recommendations with agency leadership and staff. Since its inauguration, the MAC has been made up of Medicaid members and representatives who desired to be a part of a team effort to review and offer recommendations to improve the delivery of quality healthcare services and programs.

“ This is an AMAZING opportunity and I love learning! ”



As a part of its continuing outreach and engagement effort to improve and enhance the delivery of Medicaid services and programs, Cheryl Roberts, Director of DMAS, has stated that the Agency is committed to providing a public platform for Medicaid members to share their perspectives and observations about Virginia’s Medicaid program. The robust participation of DMAS leadership and staff illustrates the agency’s investment in and commitment to the MAC.

DMAS Outreach and Community Engagement Manager, Natalie Pennywell, serves as the committee’s facilitator and provides management of the MAC initiative. Deputy for Administration and Coverage, Sarah Hatton, serves as the committee’s ex officio member and provides executive leadership oversight of the MAC initiative. Additionally, several key DMAS staff support the MAC initiative to ensure its success.

MAC meetings generally take place on the second Monday in April, June, August, and October. DMAS posts the date, time, location, means of access, and agenda for each meeting on Virginia Townhall (<http://townhall.virginia.gov/>). Each meeting reserves a period for public comment. To promote even greater public access and participation, DMAS provides an opportunity for attendees to request any language or disability accommodations that may be required. Additionally, closed captioning services are provided at each meeting.

The following report examines and documents the work of the 2023 MAC cohort. To see reports from 2020 to the present, please visit the Medicaid Member Advisory Committee webpage: <https://www.dmas.virginia.gov/about-us/boards-and-public-meetings/member-advisory-committee/>



# Committee Background

In 2023, the MAC comprised ten (10) individuals representing a diverse group of Medicaid members or authorized representatives from across the Commonwealth of Virginia.

The participating MAC members were:

- Wendy Bender\*
- Joan Croghan
- Lorri Griffin
- Chiquita Hubbard
- Sheila Johnson
- Leah Leuschner
- Sabrina Redd
- Kyung Sook Jun
- Craig Thomson
- John H. Tisdale, Jr.

\* member until October 2023

## The 2023 Medicaid MAC

The 2023 Medicaid MAC meetings are conducted in a hybrid format. Members attend in-person with a virtual option (using Webex) following the MAC Electronic Meetings Policy. After each meeting, DMAS asked MAC members complete a post-meeting survey where they are encouraged to recommend topics for the next and upcoming meetings.

Building upon the work of the preceding MACs, the 2023 MAC members sought to explore deeper Medicaid issues, providing member perspectives and observations designed to improve Virginia's Medicaid Program and the complex system that supports it. The members represented themselves, children, family members, some with severe medical conditions, and their communities. They spoke to areas of concern and interest to those in their region, with similar lived experiences, and the broad Medicaid population.

Some of the reasons members wanted to be a part of the MAC are as follows:

- To offer a broad range of Medicaid members' viewpoints, considerations, and ideas.
- To help make Medicaid increasingly accessible and understandable to Virginians.
- To discuss issues ranging from programs, services, processes, etc., and recommend options for consideration for improving and enhancing the Medicaid program.
- To provide diversity to MAC.
- To understand the coverage and be able to help others.
- To challenge the agency to improve processes and member engagement.

This year, the committee saw several updates to the [MAC webpage](#) hosted on the DMAS website. Members were provided an opportunity to review, provide feedback, and approve the MAC Electronic Meetings Policy and the MAC Policies and Procedures. Other MAC documents reviewed and updated included the MAC Pact: Member Expectations for Interactions and Strategies for Accomplishing Goals Together, Glossary, and Frequently Asked Questions (FAQs). The Committee Application was transferred from paper/PDF to a Microsoft Teams form to improve user experience and application review.



**Medicaid members must speak up to ensure DMAS is aware of the problems and needs of every member and their family.**





## June 12, 2023 MAC MEETING

Ms. Pennywell opened the meeting. Director Roberts and Deputy Director Hatton welcomed and encouraged MAC members to share their considerations for improving Virginia’s Medicaid program. During their introductions, MAC members expressed excitement and interest in providing feedback to DMAS. These members noted the importance of:

- Having access to affordable quality health care,
- Understanding the policies and the services that are available to them to ensure effective and timely utilization, and
- Having an interactive and robust forum provided where members can communicate the successes and challenges of the program to the DMAS agency and staff.

### June 2023 Agenda

Virginia Regulatory Town Hall View Meeting (June 2023)

### Presentation – Return to Normal: Virginia Medicaid Unwinding Return to Normal

*Jessica Anecchini – Senior Policy Advisor, Administration*

Jessica Anecchini discussed the impacts of the COVID-19 public health emergency (PHE) on Medicaid and FAMIS enrollment and the Commonwealth’s plans for returning to normal Medicaid processes, or “unwinding,” due to the end of the continuous coverage requirements in March 2023.

Federal rules prohibited states from ending Medicaid or CHIP (FAMIS in VA) coverage for most enrollees during the PHE. In exchange for providing this protection, states received a 6.2% increase in their federal Medicaid reimbursement rate. This resulted in a 41%, or 630,000 members, increase in Medicaid enrollment. During unwinding, CMS required states to review the eligibility of all members through the standard renewal process. DMAS estimated that approximately 33% of members would be automatically renewed through the “ex parte” process, that approximately 14% of

members would transition off Medicaid, and that another 4% would lose Medicaid and regain it within 6 months, a process referred to as “churn.”

Ms. Anecchini outlined DMAS’s outreach strategy, member facing materials, and recently held “Return to Normal Operations Summit,” which included over 300 stakeholders. She also described steps taken to enhance the state’s capacity to process Medicaid renewals which included modifying contracts, working with VDSS to upgrade the eligibility system, and working with the Medicaid Managed Care Organizations (MCOs) to educate and assist members.

#### Questions and Comments presented by Members:

- Director Roberts asked members how they renew their Medicaid eligibility. *Members said that they applied by phone.*
- Parents of children who receive waivers are worried about renewing and maintaining the coverage. *Director Roberts answered that the renewal process will be hybrid now, and she will follow up with a Medicaid Memo and process change once it is complete.*
- Will DMAS provide a presentation on the Medicaid Memo once it is completed? *Ms. Anecchini indicated that the Cover Virginia website has a calendar for the renewal process.*

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#### Presentation - Medicaid Appeals

*Michael Puglisi – Eligibility Cases Manager, Appeals Division*

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Michael Puglisi gave a background on the DMAS appeal process. He explained that DMAS has an appeal portal - the Appeals Information Management System (“AIMS”) - where members can file their appeals, submit documents, review documents uploaded by the Agency, and view communications about the appeal.

For eligibility appeals, members have 35 days from the date of negative action to file the appeal. Members can provide good cause for appealing when it is more than 35 days after the date of the negative action. For appeals of actions taken by a managed care organization (“MCO”), the individual must exhaust the internal appeal process with the MCO, then has 120 days to appeal to DMAS, but there is no good cause for late filing in those instances. During the public health emergency and unwinding period, all members will have their coverage continued during the appeal with no repayment required.

Mr. Puglisi provided information about the following websites:

- the DMAS Appeals website <https://www.dmas.virginia.gov/appeals/>,
- AIMS Portal <https://appeals-registration.dmas.virginia.gov/client>, and
- AIMS Portal Training Website <https://vamedicaid.dmas.virginia.gov/training/appeals#gsc.tab=0>

He noted that the main DMAS Appeals website includes Frequently Asked Questions, forms in English and Spanish, and Appeals Division contacts, including the AIMS Helpdesk.



## Questions and Comments presented by Members:

- What percentage of people who appeal are approved after the appeal?  
*Mr. Puglisi answered that when planning for unwinding, we estimated that 3.5% of terminations would be appealed. He also indicated that prior to the public health emergency, many of the eligibility cases were remanded to the Agency to correct an error or take additional action.*
- When will automatic continued coverage end?  
*Mr. Puglisi answered that continued coverage ends at the end of unwinding.*
- Is continued coverage for overall coverage or a specific service?  
*The continued coverage is for eligibility and services. Once unwinding ends, members may have to repay continued coverage benefits if they are not approved during the appeal process.*

## Presentation – Return to Normal: VDSS SNAP & TANF

*Brandi Watkins – SNAP Program Consultant, VDSS*

*Mark Golden – Economic Assistance and Employment Manager, VDSS*

Brandi Watkins reported that as of March 2023, the Supplemental Nutrition Assistance Program (SNAP) has served over 466,000 households with over 900,000 participants.

The student exemption policy returned effective June 11, 2023, and agencies will screen normally at recertification using the standard exemptions. Agencies waived the certification interview, and an extension was approved effective June 21, 2023, through May 31, 2024.

Mark Golden noted that Temporary Assistance for Needy Families (TANF) is a time-limited program that helps families when parents or other relatives cannot provide for the family's basic needs. Virginia Initiative for Education and Work (VIEW) provides employment, education, and training opportunities for TANF recipients. During COVID, the program





had several changes including voluntary participation, months did not accrue on the 24-month clock, no sanctions for non-participation, and there was a hardship extension for all families reaching the 24-month or 60-month time limit.

As of January 1, 2023, VIEW became mandatory again, time limits have been reinstated, DSS no longer automatically provides a hardship extension for reaching the 60-month time limit, and sanctions for non-participation are permitted.

**Questions raised by Committee Members:**

- What jobs, agencies, and training are available to families on TANF to help them prepare for participation in the job market?  
*Mr. Golden answered programs like assistance in obtaining a GED, learning through community colleges, and*

*community-provided job training are available.*

- In Fairfax, significant companies work with a free program to learn employment skills. Can this be implemented elsewhere?

*Mr. Golden answered a Federal program, the Workforce Innovation and Opportunity Act (WIOA), started in July 2014 allowed for all kinds of vocational training. All counties receive some funds to be used in the locality.*

- Are there options available in association with the training provided by the school for children with disabilities who are aging out? The member's child has been on the Developmental Disability (DD) waiver for 7 or 8 years.  
*Mr. Golden answered that DARS has some vocational training available.*

**Presentation – Virginia Medicaid Legislative Updates**

*Will Frank – Senior Legislative Affairs Advisor*

Will Frank discussed DMAS’s legislative priorities and processes. DMAS monitors introduced legislation, reviews legislation and budget language for the Secretary and Governor, makes position recommendations to the Secretary and Governor, communicates the Governor’s positions to the General Assembly, and provides expert testimony and technical assistance to legislators on legislation.

In the 2023 General Assembly, the DMAS key bills covered creating new Medicaid benefits, screenings for skilled nursing and long-term services, and changes to paid family caregivers. Passed bills covered nursing home screening processes, updates to the rules for payment of Legally Responsible Individuals and allowing DMAS to increase financial flexibility for members with a DD waiver. Virginia bills may be researched at <https://lis.virginia.gov>.

Mr. Frank also explained how MAC members can be engaged in the legislative process. Members can advocate to DMAS, join an advocacy organization, and reach out to their legislator as a private citizen.

**Questions and Comments by Committee Members:**

- Will DD waiver slots be increased?  
*Mr. Frank said the budget will determine increased slots, and DMAS is waiting to see. Virginia Department of Behavioral Health and Developmental Services (DBHDS) allocates waivers.*

**Public Comment**

Ms. Pennywell opened the meeting to public comment, and six Medicaid MAC Members asked questions or commented.

- Kyung Sook Jun asked if the state would implement a plan for those adult children who cannot receive care in a facility? Craig Thomson mentioned that some online databases like List Serv and Discord.com, included additional training and resources for those individuals.
- Sabrina Redd asked that members assist in developing schedules for the upcoming MAC meetings. Ms. Pennywell noted that the time before the MAC meeting allows members to raise specific concerns and encouraged Ms. Redd to request specific topics for discussion.
- Lorri Griffin mentioned that obtaining services with the DD waiver is challenging.
- Leah Leuschner stated, “The issue being asked about the need for Appeals/ Process due to error on MCO end, and how to avoid/limit/track the errors.”
- Jacqi Dix stated that COVID changed family environments a lot, including inflation. Ms. Dix discussed her family’s situation.

Meeting Attendance	
Committee Members	10
ELT Members	5
Speakers	6
Support Team Members	4
General Public	35
<b>Total</b>	<b>60</b>

## August 14, 2023 MAC MEETING

Ms. Pennywell opened the meeting and turned it over to Deputy Director Hatton. The Deputy Director welcomed and thanked the Committee for participating in the hybrid MAC meeting.

Ms. Pennywell introduced Deputy Director Jeff Lunardi. Mr. Lunardi explained how important DMAS members are to the Agency, including their access and needs.

### August 2023 Agenda

[Virginia Regulatory Town Hall View Meeting \(August 2023\)](#)

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#### Presentation – Spouse/Parent Caregiver

*Nichole Martin – Director, Office of Community Living*

Nichole Martin indicated that before COVID, legally responsible individuals were not eligible for reimbursement for personal care services. Legally responsible individuals include parents of minor children and spouses. During COVID, the Centers for Medicare and Medicaid Services (CMS) released Appendix K, which allowed those individuals to be reimbursed and active until six months after the end of the Federal Public Health Emergency, November 11, 2023. After that time, the General Assembly will require families to prove that nobody else can provide that care to continue receiving reimbursement for personal care services. DMAS proposed that the individual would have to prove nobody else was available to provide the care, and the reimbursement is capped at 40 hours per week.

Ms. Martin also shared that both consumer direction and traditional agency services could be used to employ a legally responsible

person. Quarterly in-person visits by a registered nurse is required when using an agency. For both models, the state would conduct quality reviews. In the consumer directed model, the employer must be local. For both the agency and consumer directed model, DMAS will only reimburse for unskilled tasks. DMAS requires the employee to outline daily tasks in writing.

#### Questions posed by members:

- How will families demonstrate that nobody is available to provide this care? *Families should start by looking for local care providers.*
- Will DMAS define extraordinary care? *Some families need to know what services are outside the scope, and DMAS should train service facilitators and providers to explain these services.*
- What if a member is authorized to receive more than 40 hours of care per week? *The service authorization of hours may be higher than the number of hours for which a legally responsible individual may be reimbursed. The member would have to have another aide/attendant provide the remaining hours.*

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#### Presentation – Behavioral Health Care in the Community

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

Dr. Jobe-Shields introduced Addiction and Recovery Treatment Services (ARTS), which was implemented in 2017 and provides care for 53,000 members.

DMAS is in the early stages of renewing the ARTS waiver, which must be renewed every

five years. Provider types serving Medicaid have increased significantly including providers for care that had not been available in Virginia before the ARTS waiver.

Project BRAVO enhanced behavioral health services within Virginia to close gaps in mental health services and Medicaid. It prioritizes nine services and changes the reimbursement type and rates. Project BRAVO created a crisis services continuum, which hopes to provide care within an hour. Crisis services allow immediate and longer-term crisis services within the first 72 hours. These services include a place to go for assessment, “a recliner” for 23-hour care, or residential care to ensure stabilization. Virginia has a specific fourth type of care called community stabilization, a bridge between mobile crisis response and more extended care, providing referrals to an outpatient provider.

Dr. Jobe-Shields shared with the members that “Right Help. Right Now” is a plan to improve behavioral health initiated by the Governor’s Office. There are six pillars:

1. Ensuring same-day care.
2. Reduce the burden on law enforcement.
3. Increase capacity.
4. Targeted support for substance use disorder.
5. Make behavioral health workforce a priority.
6. Identify service innovations and best practices in care models.

DMAS is also working to make the transition from incarceration to home more stable.

#### Questions and comments raised by Members:

- The Project BRAVO memo increased care in northern Virginia. A comparison study through Managed Care Organizations could assist members in choosing the

correct MCO.

- There was a suicide outside of a Community Services Board that occurred after a mobile crisis referral, but before the mobile crisis team was able to reach the individual.
- The VCU pediatric emergency room almost always has someone in a bed with a police officer outside the room because they could not find the correct residential facility due to a lack of space, referral, or other issues. Additionally, other children are refused care due to medical needs outside of mental health needs like requiring seizure medication.
- Members also learned that DMAS is contemplating increasing workforce capacity and community capacity. Behavioral innovation planning assistance could help implement assessments, allowing parents and teachers to identify and implement the child’s needs. DMAS will be looking at school-based and crisis services.

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#### Presentation – Quality Measures and Quality Improvement

*Laura Boutwell, DVM, MPH – Director, Quality and Population Health*

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Dr. Boutwell discussed DMAS’s intent to increase quality reporting transparency and seek to report internally and externally. The DMAS Quality Strategy is a three-year plan to drive quality through the Commonwealth, including setting goals, creating objectives, designing interventions, and monitoring outcomes through measures. The current main goals are to enhance the member care experience, promote access to safe, gold-standard patient care, support efficient and value-driven care, strengthen the health of

families and communities, and provide whole-person care for vulnerable populations.

Dr. Boutwell outlined strategies specifically for prenatal and postpartum care quality improvement. Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of health care quality performance measures that requires auditing and validation of data by certified third party auditors. HEDIS® measures for individual MCOs are available on the DMAS website. She also shared that the DMAS website includes additional reporting in the Office of Quality and Population Health section, and members can use the navigation panel on the website.

#### Questions and comments presented by members:

- A member has had over 70 appeals tracked as one grievance. How can that be tracked in the system?  
*Dr. Boutwell will follow up about the appropriate systems.*
- HEDIS® is very helpful when identifying the appropriate MCO to obtain the best care for the member’s needs. Written safety plans have become essential for some behavioral health needs and can improve and hurry care for those in crisis.
- Does DMAS have ways to track transportation assistance?  
*Dr. Boutwell and Ms. Fegans indicated that they would assist in contacting transportation providers using the information on the back of the Medicaid card and asking direct questions.*

#### Public Comment

Ms. Pennywell opened the meeting to public comment, and four Medicaid MAC members spoke:

- Craig Thomson noted that the internal grievance process with the MCO helps identify the best provider who appears for rides to appointments.
- Sabrina Redd and Chiquita Hubbard thanked the DMAS team and presenters.
- Kyung Sook Jun stated that the mobile crisis could not assist her family members.
- Dr. Jobe-Shields noted that DMAS is trying to increase the number of providers in the area, measure providers, and identify needs in unserved/underserved areas.

Meeting Attendance	
Committee Members	10
ELT Members	9
Speakers	3
Support Team Members	9
General Public	13
<b>Total</b>	<b>44</b>



“ It is SO helpful to talk to DMAS staff about my child’s renewal process. After some research they were able to get it processed within days! I am so grateful! ”

## November 13, 2023 MAC MEETING

Director Roberts greeted the Committee and thanked them for participating in the MAC meeting. Director Roberts discussed the burden of paperwork and the importance of Medicaid coverage. Jeff Lunardi (Chief Deputy Director), welcomed the Committee and thanked them for their patience. Sarah Hatton, Deputy Director of Administration, thanked everyone for attending in person and virtually.

### November 2023 Agenda

[Virginia Regulatory Town Hall View Meeting \(November 2023\)](#)

### Presentation – Navigating Services for Children & Young Adults with Special Needs

*Ann Bevan – Director, High Needs Support*

Ms. Bevan discussed navigating Medicaid and stated that every member receiving waiver services and in a health plan should have a Support Coordinator and Care Coordinator. School-age members should also work with the schools to coordinate care.

She mentioned there are several ways to search for providers with certain services, including the DMAS MES Provider Search, DBDHS Provider Search, and Virginia Navigator. The My Life My Community Provider Database is only for DD waiver recipients.

Understanding the many needs of our members, Ms. Bevan also mentioned housing assistance is available through the DBHDS housing team, the DBHDS Community Housing Guide, Housing Choice Vouchers, and the State Rental Assistance Program.

She shared during the 2023 General Assembly Session specific bills were introduced to research processes and assist students with disabilities who will transition from school to the adult services system. Ms. Bevan provided additional resources to assist students leaving school and their families.

DMAS has pushed telehealth for members and looked at every service under the DD waiver to identify which services could be available virtually.

### Questions presented by Members:

- Is the Legally Responsible Individual (LRI) exception available for all waivers?  
*Yes.*
- The LRI has been extended until March 2024. Does that mean the paperwork deadline has been extended until March, or has the entire program been extended until March?  
*Starting March 1 there will be new paperwork and hours reporting processes.*
- During COVID, one member used telehealth for speech therapy. Once the COVID flexibilities ended, our provider was no longer authorized to provide telehealth assistance because he was hospital-based. Are other options available?



*If the provider thinks the care is unacceptable through telehealth, it is at their discretion not to provide it.*

#### **Comments from the online chat:**

- Nonprofit case management is critical when the local CSBs are limited.
- I understand that DMAS may not have any choice about forcing LRIs to jump through these hoops. I don't know if you were the ones who changed this policy about respite and 40 hours, but I wanted to submit that the loss of respite and limitation of hours will be devastating to many families. Respite is MORE critical for LRI, who provide care 24/7, than it is for those with other people working as personal assistants.

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#### **Presentation – Virginia Medicaid Resource Navigation**

*Danielle Nowell – Program Operations Manager, Cover Virginia Program, Eligibility & Enrollment*

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Ms. Nowell shared with members that Cover Virginia has an Interactive Voice Response (IVR) system, which provides a menu of options for callers to choose from. This includes choosing a language, access to pre-recorded messages, access to case-specific information after providing identity information, obtaining contact information for their local agency, or transferring to a live agent, if appropriate.

Currently when someone chooses to apply from the Main Menu, they will be transferred to an agent, bypassing any further IVR recordings. Callers can press 0 at any time to route to an agent. If a caller chooses the selection to learn more about the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy

Families (TANF) programs, the caller will be systematically transferred to the Enterprise Call Center for further assistance with those programs. Members were provided the opportunity to provide feedback and recommendations for improving the existing IVR system.

#### **Questions raised by Committee Members:**

- One phone menu lists several options and says, "If it is an emergency, please press 6," which is a long delay before you can identify what number to press for an emergency.
- Some people who have been disenrolled or are choosing Medicare Advantage now but will be transitioning to Medicare only next year. Many providers were in-network during the pandemic but are no longer. Will they be able to change to the original Medicare sometime next year when they get disenrolled from Medicaid?  
*If those individuals are not already enrolled in Medicare Part A, Part B, or Part C, the state has encouraged the insurers to provide late enrollment with no penalty. Still, the state has not required that enrollment period.*
- Some members noted that the transportation benefits in Medicaid are incredibly beneficial.
- The Medicare Savings Program can assist individuals in paying their Part B premium and sometimes provide copay assistance.
- Question about the power of attorney and Medicaid was posed and it was shared that you can authorize someone to act as an authorized Medicaid representative.



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## Presentation – New Mom Welcome Flyer

*Maryssa Sadler – Maternal and Women’s Health Program Operation Analyst*

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Ms. Sadler shared that Medicaid covers 38,000 births annually, most in northern Virginia, Tidewater, and central Virginia. DMAS focuses on eligibility and enrollment ease; outreach to share information with members, providers, and insurance plans; connections with providers, clinics, hospitals, services, and policies; and program oversight using data.

She emphasized that services include Medicaid for pregnant members, Family Access to Medical Insurance Services (FAMIS) Moms, and FAMIS Prenatal. For pregnant individuals, full healthcare benefits are provided during the pregnancy and one year following the baby’s birth. For FAMIS Moms, full healthcare benefits are provided during the pregnancy and one year following the baby’s birth. The

income standards are different for FAMIS Moms. Twelve-month postpartum coverage began July 1, 2022 to improve health outcomes for mothers and babies after birth and reduce maternal mortality rates.

For FAMIS Prenatal, full healthcare benefits are provided during the pregnancy for those who do not meet the necessary immigration status. These mothers only receive 60 days postpartum coverage.

Member were requested to review The New Mom Letter (Monthly mailing to newly enrolled pregnant individuals on the Medicaid maternity benefits) and provide feedback and recommendations. As a result of their engagement the New Mom Letter was updated to improve accessibility, readability and information available to pregnant members. Members were encouraged to email [babystepsva@dmas.virginia.gov](mailto:babystepsva@dmas.virginia.gov) if needed additional information.



**Questions raised by Committee Members:**

- This flyer has several communication options, and I need clarification on who to contact.  
*Members should be directed to DMAS for these issues.*
- Before Medicaid expansion, CSB workers would have to take pregnant women to Washington, DC, to obtain treatment. Those women could not get coverage due to Medicaid not being expanded. Some individuals have received case management assistance from nonprofits when the CSBs are unable to help those individuals.

**Comments from the online chats:**

- Some of the nonverbal members [with Autism] in Arlington have benefitted from case management-based advocates at various nonprofits when the local CSBs are too overwhelmed with gigantic caseloads that are unmanageable for the county.

**Public Comment**

- Ms. Pennywell opened the meeting for public comment and four Medicaid MAC Members spoke.

- Jacqi Dix provided that a server went down, according to a news article on July 10. Still, she has not received communication as to whether she has coverage or whether this issue affected her coverage needs.
- You could call Cover Virginia to request information about the status of your renewal.
- Sabrina Redd thanked the MAC for her time as a member.
- Leah Leuschner (attended remotely) thanked the MAC and presenters for their time.
- Craig Thomson (attended remotely) talked about transportation services, and a non-profit that provides Group housing support.

Meeting Attendance	
Committee Members	9
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General Public	37
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To learn more about the 2023 MAC, including accessing agendas, presentations, minutes, and other reference documents and information, please visit:  
<https://www.dmas.virginia.gov/about-us/boards-and-public-meetings/member-advisory-committee/>

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DMAS thanks Governor Glenn Youngkin, Secretary John Littel and the leadership and staff in the Office of the Secretary of Health and Human Resources, Director Cheryl Roberts and the leadership and staff of DMAS, Commissioner Dr. Danny Avula, and the leadership and staff at the VDSS, and our many state and local partners. Many thanks to the MAC staff liaisons, Dorothy “Dot” Swann and Dalia Tejada Halter, for their work with Natalie Pennywell and Sarah Hatton to ensure MAC has what it needs to thrive. Special thanks are given to the members of the MAC who have given their valuable time, work, and articulation of their life experiences to be a part of the effort to improve Virginia’s Medicaid program and increase access to high-quality health care coverage and services.

# ABOUT MAC

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

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

