Cardinal Care
Virginia's Medicaid Program

Virginia Department of Medical Assistance Services

VIRGINIA MEDICAID COMMUNITY STAKEHOLDER MEETING

April 17, 2025

AGENDA & ACCESSABILITY

Agenda

1. Welcome and Introductions
2. Presentation: Overview of the Medicaid Works Program
3. Presentation: Cardinal Care Correspondence Center (AKA Centralized Mailroom)
4. Community Stakeholder Spotlight: Virginia Rural Health Association
5. Stay Connected and Supported!
6. Wrap-Up
7. Announcements
8. Closing

Accessibility Check-in Reminders

- Say your name each time you speak.
- Use your device's microphone to project; repeat questions when asked.
- Language access options provided upon request to include captioning.
- Spell acronyms and avoid or define terms, jargon, and idioms.
- Speak clearly; avoid speaking too fast, which is particularly helpful to individuals whose primary language is not the one in which you are speaking, sign language interpreters, and real time captioners.
- Participants with vision take in a lot of information about the people and the environment around them. To offer context for all participants, visual and non-visual (people with blindness or low-vision, a brief description of yourself using a few sentences. At a minimum, include the following details:
  - **Name**
  - **Organization and role**

VA Medicaid Community Stakeholder Meeting - April 17, 2025

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Accessibility Check-in Reminders: All Attendees

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

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Accessibility Check-in Reminders: Speakers

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

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Accessible, Inclusive Self-Introductions

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

- **Name**
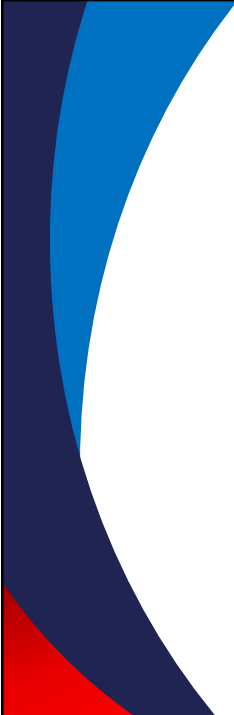- **Organization and role**

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

- **Attendee Example:**
  - My name is ___ from the *(insert organization/agency/community)* . I am a black woman with curly black hair and round gold glasses wearing a red dress and snazzy black heels. Behind me is a gray wall with several framed pictures, next to a bookshelf.

- **Speaker/Facilitator Example:**
  - My name is ___ with *(insert organization)* where I serve as the *(insert role)*. I am a Hispanic male with wavy brown hair wearing a blue button-down shirt and khaki pants with a gold apple watch and navy-blue loafers. Behind me is my living room filled with my children's favorite toys.

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AGENDA

Natalie Pennywell
Community Outreach and Member Engagement
Department of Medical Assistance Services (DMAS)

DMAS

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Agenda

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Virginia Department of Medical Assistance Services
Community Stakeholders Meeting

AGENDA
April 17, 2025
11:00 AM - 12:00 PM
Meeting will be held electronically via Microsoft Teams Webinar.

To Join Meeting Virtually:
https://events.gcc.teams.microsoft.com/event/6a254f49-2163-463a-aceb-13058ea738b4@620ae5a9-4ec1-4fa0-8641-5d9f386c7309

Meeting ID: 264 203 288 315	**Webinar Password:** n67vV7en

Dial in (Phone and Conference ID): +1 434-230-0065 Phone conference ID: 385 771 716#	**Tap to join from mobile device:** +1 434-230-0065,,385771716# United States, South Hill

Remote Conference Captioning Link:
https://www.streamtext.net/player?event=HamiltonRelayRCC-0417-VA4324

Topic	Presenter	Time Allotted
Welcome & Introductions	Natalie Pennywell Outreach and Member Engagement Department of Medical Assistance Services	11:00 – 11:05 AM
Presentations & Discussion • Overview of the Medicaid Works Program	Sara Cariano Director, Eligibility Policy and Outreach Department of Medical Assistance Services	11:05 – 11:20 AM
• Cardinal Care Correspondence Center (AKA Centralized Mailroom)	Danielle Nowell Operations Lead, Director's Office Department of Medical Assistance Services	11:20 – 11:35 AM
• Community Stakeholder Spotlight: Virginia Rural Health Association	Beth O'Connor Executive Director Virginia Rural Health Association	11:35 – 11:50 AM
Wrap-Up, Announcements & Closing	Natalie Pennywell	11:55 AM – 12:00 PM

Next Meeting: June 26, 2025 at 11:00 AM

CSM Contact: Natalie Pennywell at Natalie.pennywell@dmas.virginia.gov

Takeaways

Take Action	Action Item	Resource	Follow-Up
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☐			
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General Notes

Call/Email	Contact/Organization	Email Address	Phone Number
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☐			
☐			
☐			
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CSM Contact: Natalie Pennywell at Natalie.pennywell@dmas.virginia.gov

WELCOME AND INTRODUCTIONS

Natalie Pennywell
Community Outreach and Member Engagement
Department of Medical Assistance Services (DMAS)

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Introduce yourself in the chat!

- Name
- Organization
- Answer: **Spring is here! Flowers are in bloom and allergy medicine taken daily. If you were a plant or flower, what would you be and why?**

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OVERVIEW OF THE MEDICAID WORKS PROGRAM

Sara Cariano
Director, Eligibility Policy and Outreach
Department of Medical Assistance Services

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Medicaid Works Overview

Sara Cariano, Director
Eligibility Policy & Outreach

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Medicaid Works History

- The Ticket to Work and Work Incentives Improvements Act of 1999 (TWWIIA) expanded the availability of Medicare and Medicaid for working disabled beneficiaries.
  - Established the optional Medicaid 'Ticket to Work Basic' eligibility group.
- Virginia adopted a Ticket to Work Basic eligibility group in 2007, calling it Medicaid Works.
  - Medicaid Works benefit package is an "alternative benefit package," it includes all benefits provided in the approved Medicaid state plan plus personal care services with *no patient pay liability and no additional screening*.
- The Medicaid Works income limit was increased from 80% of the federal poverty limit (FPL) to 138% FPL in 2021, to align with the Medicaid Expansion income limit.
- Enrollment has remained low to this date.

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Medicaid Works Nonfinancial Eligibility Requirements

- Nonfinancial eligibility requirements:
  - Have a disability as defined by the Social Security Administration (SSA)
  - Have earned income
  - Be at least 16 years old and less than 65 years old
  - Establish a Work Incentive (WIN) Account
    - Must contain only earned income and disregarded unearned income.
  - Sign a Medicaid Works Agreement
- Cannot be enrolled in a Developmental Disability (DD) Waiver or a Commonwealth Coordinated Care Plus (CCC Plus) Waiver.
  - Individuals with DD waivers can move to Medicaid Works and their waiver is saved for 180 days.

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Medicaid Works Financial Eligibility Requirements

Financial eligibility limits used at application are stricter than those used when to determine ongoing eligibility, such as during the annual renewal process.

- This is unique - the same eligibility rules are used at application and to determine ongoing eligibility for all other Virginia Medicaid eligibility groups.
- Earned and unearned income are counted together during the initial eligibility determination and separately during ongoing eligibility determinations.

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MEDICAID WORKS
PROGRAM GUIDE
VIRGINIA'S MEDICAID WORK INCENTIVE
PROGRAM FOR DISABLED INDIVIDUALS

DMAS
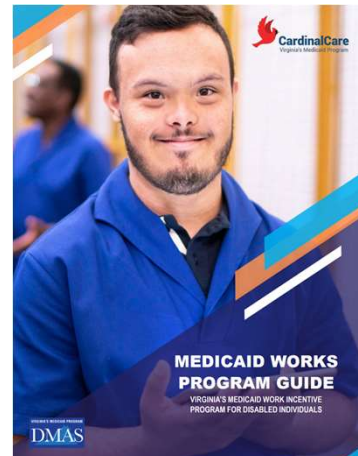
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Initial Financial Eligibility Limits, 2025

Household Size	Medicaid Works Initial Income Limit 138% Federal Poverty Limit (FPL)	
	Monthly	Yearly
1	$1,800	$21,597
2	$2,433	$29,187

Household Size	Medicaid Works Initial Resource Limit
1	$2,000
2	$3,000

- Total of countable earned and unearned income must be below the income threshold.
- Income from a non-Aged, Blind or Disabled (ABD) spouse, non-applicant/member ABD spouse, or parents is not counted.
- Resources from the individual's spouse with whom they live or, if under age 21, the individual's parents with whom they live, are counted.

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Ongoing Income Eligibility Limits, 2024

Household Size	Earned Income Disregard Limit	
	Monthly	Yearly
1	$6,250	$75,000

Household Size	Unearned Income Limit 138% Federal Poverty Limit (FPL)	
	Monthly	Yearly
1	$1,800	$21,597

Household Size

After initial enrollment, the member is treated as a household of one - spousal and parental income are not counted.

Earned Income Disregard

Certain income deposited into the WIN account is disregarded.

- Earned income
- Social Security Administration (SSA) income increases due to additional work activity or the annual cost of living adjustment (COLA).

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Ongoing Resource Eligibility Limit, 2024

Household Size	Resource Disregard Limit SSA 1619(b) income threshold
1	$59,755

Household Size	Resources Limit
1	$2,000

Resource Disregard

- After initial enrollment, the member is treated as a household of one - spousal and parental resources are not counted.
- Resources must be deposited and remain in the member's WIN Account to be disregarded.
- Resources accrued in the WIN account while in Medicaid Works are disregarded for future Medicaid eligibility determinations, regardless of eligibility group.

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2024 Medicaid Works Workgroup: Identified Barriers

- The 2024 General Assembly directed DMAS to facilitate a workgroup to identify barriers to enrollment on Medicaid Works and propose recommendations to improve the program.
- Identified barriers:
    1. Low financial eligibility requirements applied at application.
    2. Lack of residential supports available to Medicaid Works participants.
    3. Hesitance of Developmental Disability (DD) Waiver participants to transition into Medicaid Works for fear of losing the more comprehensive DD Waiver benefit package.
    4. Low awareness among community members, providers, and advocates of Medicaid Works, its benefits, and how to enroll.
    5. The complexity of the application process and poor understanding of Medicaid Works eligibility rules by Benefit Program Specialists at local Department of Social Service (LDSS) agencies.

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- Medicaid Virginia's Medicaid application does not:
  - Ask of the applicant would like to be reviewed for Medicaid Works eligibility
  - Ask if the individual has a WIN account.
  - Include or provide information on the Medicaid Works Agreement
- The 2025 General Assembly unanimously passed HB1804, patroned by Delegate Cohen, directing DMAS to update the Medicaid application to collect information needed to apply for Medicaid Works, simplifying the Medicaid Works application and enrollment process.
  - HB1804 was approved by Governor Youngkin on March 24, 2025 and will be effective July 1, 2025.
  - DMAS must now implement these changes.

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Questions?

MEDICAID WORKS
VIRGINIA'S MEDICAID WORK INCENTIVE PROGRAM FOR DISABLED INDIVIDUALS

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CARDINAL CARE CORRESPONDENCE CENTER (AKA CENTRALIZED MAILROOM)

Danielle Nowell
Operations Lead, Director's Office
Department of Medical Assistance Services

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**Cardinal Care
Correspondence Center**

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Agenda

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

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Background

In April of 2024, CMS passed the Streamlining Medicaid, Children's Health Insurance program, and Basic Health Program Application, Eligibility Determination, Enrollment and Renewal Processes Final Rule. Section 435.919 addresses changes in circumstances and actions an agency must take to obtain changes in member addresses.
This includes:

- Having a process in place to regularly obtain updated address information from reliable data sources and to act on such updated address information. Reliable data sources include:
    - mail returned to the agency by the United States Postal Service (USPS) with a forwarding address;
    - National Change of Address (NCOA) database;
    - the agency's contracted managed care organizations, provided they received the information directly from, or verified it with the beneficiary;
    - other data sources identified by the agency and approved by the Secretary.

- If returned mail is received and is unable to be verified through any reliable data source, the agency must make a good faith effort to contact the beneficiary via at least two modalities, such as phone, mail, email or text.

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Background

To support the work required to meet the final rule; the General Assembly passed budget item 292 #6c which became effective July 1, 2024. This requires DMAS to contract a vendor to create a centralized inbound mailroom for Medicaid members. This mailroom will handle all inbound and administratively returned Medicaid member-related mail currently handled across the 120 local agencies throughout the state of Virginia.

Current Process:

Many of the local agencies have different processes for mail handling and no clear standard in place for timeliness, tracking and reporting. This has resulted in:

- Incomplete and potentially inaccurate reporting
- Delayed processing of mail
- Adverse actions being taken (in some cases) on cases due to workers being unaware that documents had been received.

New Process:

Creating one centralized mailroom operation to handle inbound and returned member mail will:

- Streamline inbound mail handling, resulting in timely processing of documents.
- Reduce delays and relieve the burden of mail handling from the local agency workers.
- Allow for tracking and reporting for inbound and return mail across the Commonwealth.

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Background

- DMAS has begun work to implement the Cardinal Care Correspondence Center, which is scheduled to go-live this summer.

- DMAS is adding this mailroom operation to the Cover VA contract as the scope of this project aligns with the vendor's existing infrastructure and processes within the established operations.

- Cover VA will implement this mailroom on a phased-in approach, which is outlined in this presentation.

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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).

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Project Scope – System Changes for Inbound Mail

Changes to the eligibility system, Virginia Case Management System (VaCMS) are underway and are slated for a May 2025 release. Some items scoped for the initial release include:

- Improved alert system, separating document alerts from other VaCMS generated alerts.
- New dashboard for workers and leadership to better track pending documents which require further action to be taken.
- Improved system functionality so that workers and automated processes cannot take adverse action on a case when documents are pending worker action.
- Systematic processing of new addresses which will not require worker action, preventing delays.
- Improved tracking and reporting for inbound mail.

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Project Scope – System Changes for Return Mail

Returned Mail handling and tracking will require extensive system changes. These changes will go into place prior to Maximus beginning returned mail operations.

System improvements include:
- Ability to track and report outcomes for dual modality contact attempts for returned mail.
- Worker ability to check against other agency databases for updated addresses when mail is returned with no forwarding address.
- Use of the National Change of Address (NCOA) Database to obtain updated addresses.

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Project Scope – Contract Modification

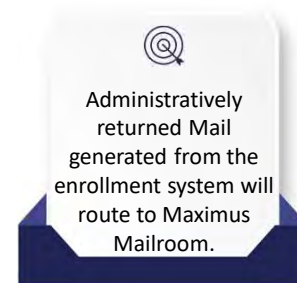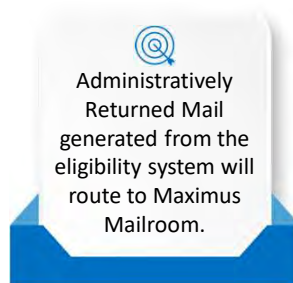**Contractual requirements will have strict timelines defined for mail handling.**

- New Applications and Renewals shall be scanned into system and entered into the eligibility system within two business days.
  - Pregnant Women applications and renewals will follow a one-business day requirement.

- 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.

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Tentative Implementation Phases - 2025

Inbound Mail will route to Maximus Mailroom.

Administratively Returned Mail generated from the eligibility system will route to Maximus Mailroom.

Administratively returned Mail generated from the enrollment system will route to Maximus Mailroom.

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Escalations

A streamlined escalation process will be communicated as the go-live date grows closer. Current options include:

- Cover VA email for local agencies to contact:
  USA.CoverVA-DSS.Comm@coverva.org

- Cover VA may also be contacted via telephone at 1-855-242-8282

- Inquiries and escalations may be submitted to DMAS through the website at:
  https://www.ask.vamedicaid.dmas.virginia.gov/ask-va-medicaid#/request/list

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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 has identified representatives from the following entities to assist with planning:

- 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. Guidehouse will be sending surveys to local agency workers and conducting interviews with identified stakeholders to ensure feedback from all parties is taken into consideration for this project.

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Preparation

stay tuned

Information will be shared as this project progresses.
Please keep a look out for future communications and bulletins!

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Questions?

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STAY CONNECTED & SUPPORTED!

Natalie Pennywell
Outreach and Member Engagement
Department of Medical Assistance Services

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Stay Connected & Supported!

- CoverVA.org: https://coverva.dmas.virginia.gov/partners/community-stakeholder-meetings/

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Stay Up to Date

SCAN ME

Subscribe to Community Outreach and Member Engagement Team (COMET) information and updates.

Subscribe to stay up to date with Virginia Medicaid.

SCAN ME!

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2025 MEETING DATES AND TIMES

- April 17, 2025 at 11:00 AM
- June 26, 2025 at 11:00 AM
- August 21, 2025 at 11:00 AM
- October 16, 2025 at 11:00 AM

2025 Meeting Dates

TOPICS: Medicaid Works, CC Correspondence Center, VRHA

TOPICS: TBD

June 26, 2025
(June 19th is a holiday)

October 16, 2025

April 17, 2025

August 21, 2025

TOPICS: TBD

TOPICS: TBD

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WRAP UP, ANNOUNCEMENTS, & CLOSING

Natalie Pennywell
Outreach and Member Engagement
Department of Medical Assistance Services

COMMUNITY STAKEHOLDER MEETING

Visit this webpage for more information and past meeting materials.

coverva.dmas.virginia.gov/partners/
community-stakeholder-meetings/

TAKEAWAYS/FOLLOW-UPS

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The Community Stakeholder Meeting (CSM) was established in 2021 and is organized and facilitated by Community Outreach and Member Engagement at DMAS. It is held every other month from February - November and invites community stakeholders and advocates to learn more about various topic areas around Virginia Medicaid. It provides attendees with an opportunity to ask questions or request presentations on other areas of interest to better help serve our current and potential Medicaid members. All meetings are open to the public and posted on the Virginia Regulatory Town Hall website.