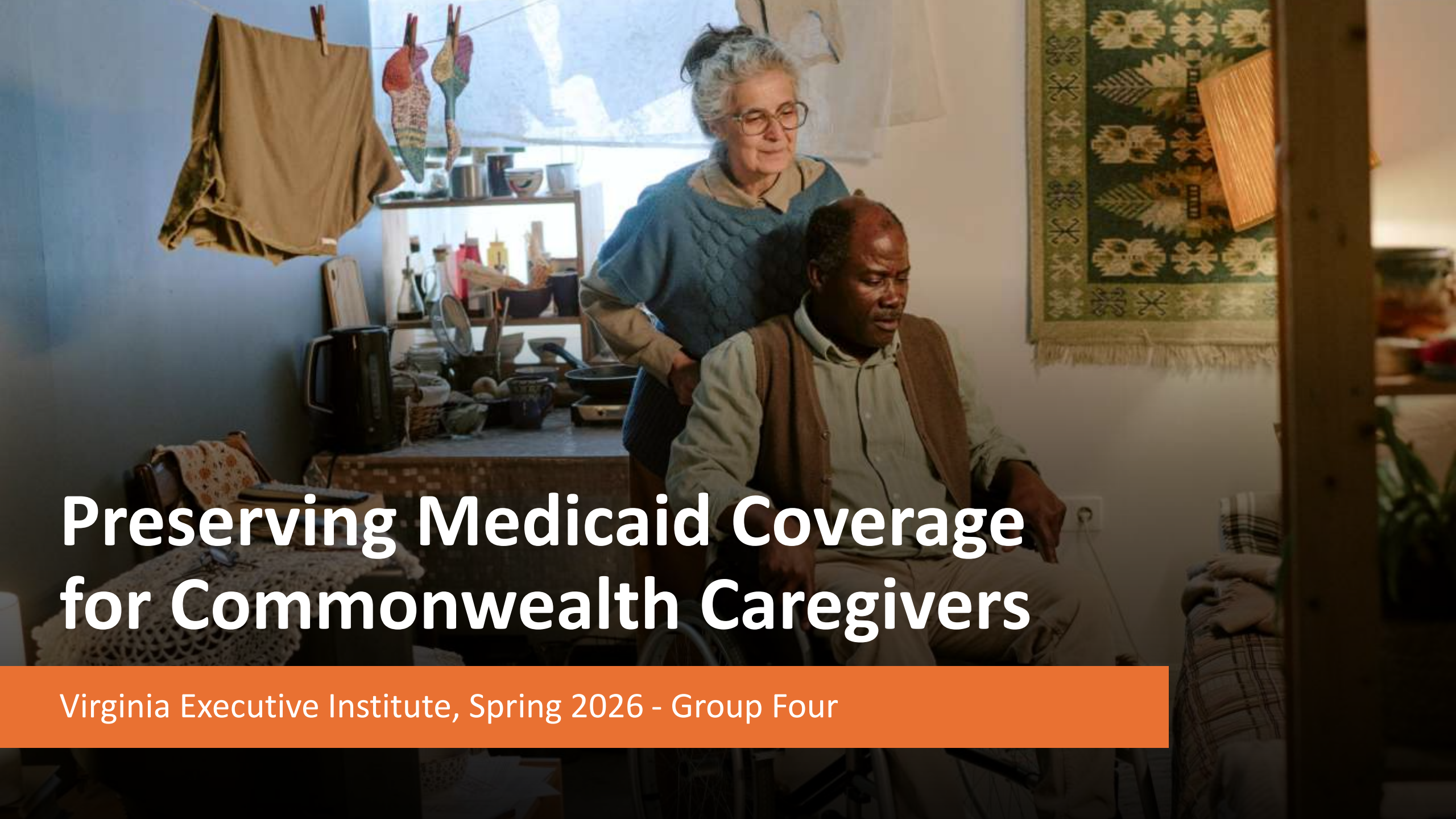


Preserving Medicaid Coverage for Commonwealth Caregivers

Virginia Executive Institute, Spring 2026 - Group Four

Champions for Commonwealth Caregivers

Lisa Horton

Sr. Regional Director
Ambulatory Operations, VCU

Richard Rhodemyre

Public Finance Manager
Department of the Treasury

Mary Harper

Director of Statewide
Specializations, VDSS / DCSE

Cletisha Lovelace

Director, Public Affairs
VDSS

Kiersten Ware

Deputy Commissioner, Aging
Services, VDARS

The Human Reality

VOICES FROM VIRGINIANS AT RISK OF LOSING MEDICAL COVERAGE

> *"I can't get time for myself to do much, and now I may have to recertify every 6 months, just can't see it working."*

> *"I was keeping it together by holding down 3 jobs, until my Grandma had a stroke, now my family is concerned at time about where the next meal is coming from."*

> *"What is the state going to do? I am out of options and money."*

New federal legislation could take away the medical coverage that Virginia families rely on—adding stress, uncertainty, and impossible choices.

Family caregivers are an essential but often invisible workforce

supporting Virginia families.

1.5 MILLION
caregivers provide unpaid care annually.

1.4 BILLION
hours of unpaid care provided annually.

$27 BILLION
value of unpaid care each year.

The Guidance Gap and The Compliance Paradox

HR1 mandates **adults 19–64** to document

80 hours per month of qualifying activities (work, training, education).

?

GUIDANCE GAP

IMPLEMENTATION DEADLINE

JANUARY 1, 2027

States must comply with the new requirements of HR1.

Federal Mandate

HR1 sets the requirements and deadline.

State Reality

Retrofitting current systems takes 12–24 months.

The Caregiver Safety Net: *A Proactive Blueprint for Executive Leadership*

A three-pillar strategy to protect health, stability, and care continuity.

PILLAR 1

FLEXIBILITY & PROTECTION

PILLAR 2

INTEGRATED SCREENING

PILLAR 3

STATUTORY GUARDRAILS

Pillar 1: Flexibility & Protection

Develop a formal state flexibility request that explicitly requests delayed enforcement for caregiver populations pending comprehensive definitional guidance.

Key Arguments:

Procedural legitimacy: CMS has historically granted implementation phase–ins for populations where definitional or systems challenges create undue risk of erroneous terminations.

Cost argument: Erroneous coverage loss generates costs — in uncompensated care, administrative appeals, re–enrollment processing, and downstream health deterioration.

PILLAR 2: INTEGRATED SCREENING & EX PARTE REVIEW

THE FLAW: BUREAUCRATIC JARGON

Do you qualify for a caregiver exemption?

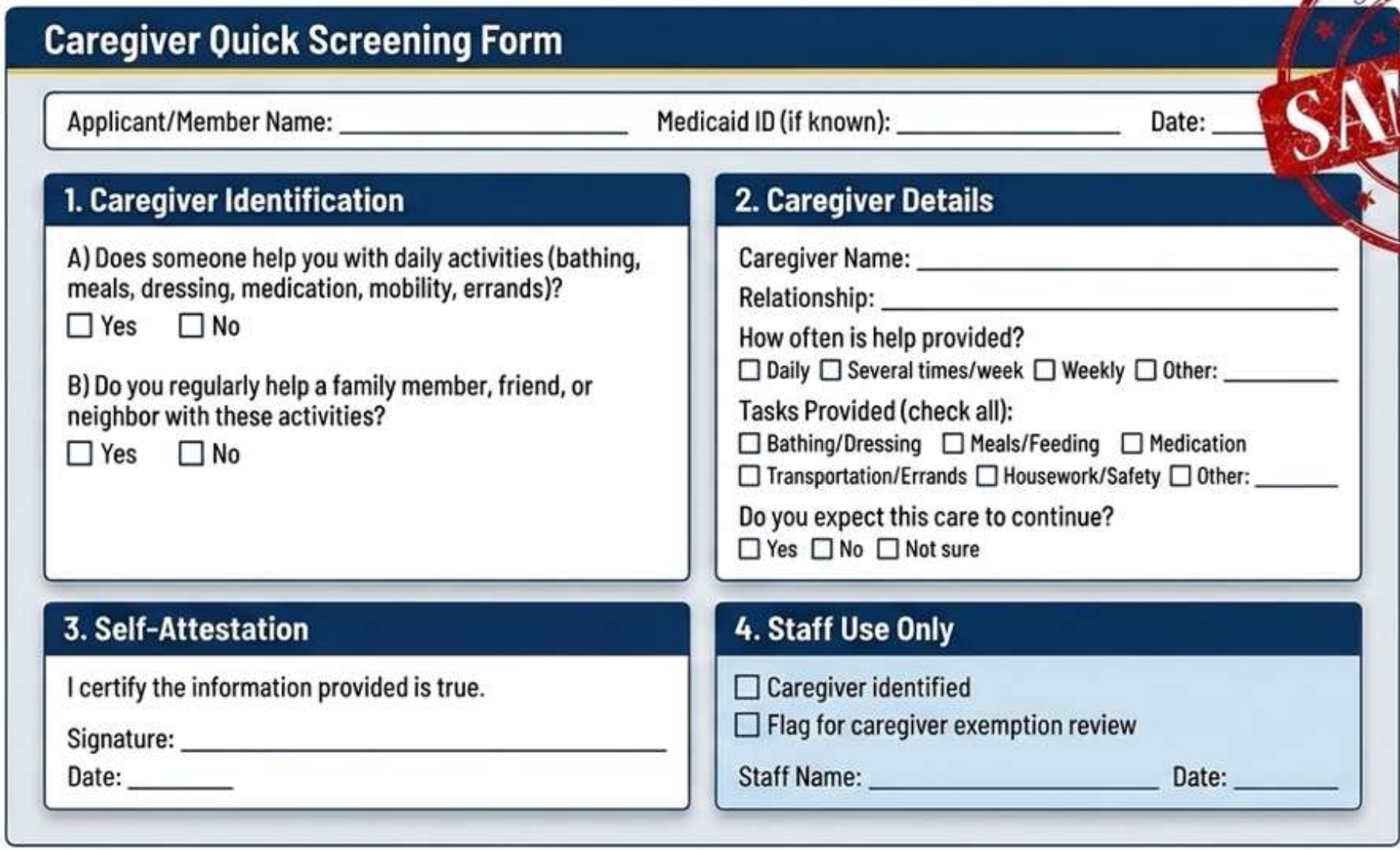
People identify as daughters, not caregivers.

THE FIX: BEHAVIOR-BASED SCREENING

AUTOMATING EXEMPTIONS (EX PARTE REVIEW)

Use existing state data to verify exemptions before placing the burden on the individual. Cross-reference Adult Protective Services (APS) case records and Long-Term Care Ombudsman records to automatically flag unpaid family caregivers.

A streamlined intake wireframe eliminates bureaucratic friction



Caregiver Quick Screening Form

Applicant/Member Name: _____ Medicaid ID (if known): _____ Date: _____

1. Caregiver Identification

A) Does someone help you with daily activities (bathing, meals, dressing, medication, mobility, errands)?

☐ Yes ☐ No

B) Do you regularly help a family member, friend, or neighbor with these activities?

☐ Yes ☐ No

2. Caregiver Details

Caregiver Name: _____

Relationship: _____

How often is help provided?

☐ Daily ☐ Several times/week ☐ Weekly ☐ Other: _____

Tasks Provided (check all):

☐ Bathing/Dressing ☐ Meals/Feeding ☐ Medication

☐ Transportation/Errands ☐ Housework/Safety ☐ Other: _____

Do you expect this care to continue?

☐ Yes ☐ No ☐ Not sure

3. Self-Attestation

I certify the information provided is true.

Signature: _____

Date: _____

4. Staff Use Only

☐ Caregiver identified

☐ Flag for caregiver exemption review

Staff Name: _____ Date: _____

COORDINATED CROSS-SECTOR PARTNERSHIPS

Government Agencies | Community Partners | Health Systems | Employers & Advocates

Proactive outreach and education help caregivers navigate systems, avoid disruption and maintain coverage.

Caregivers interact with many partners across communities—no single organization can do this alone.

A formal cross-sector working group aligns people, programs, data systems and legal authority to share information and coordinate solutions.

Understanding caregivers' challenges helps us build shared, human-centered solutions that reach them early and support them well.

The responsibility for supporting caregivers belongs to all of us.

Pillar 3 codifies lasting protection through legislation

We urge the General Assembly to introduce a Caregiver Medicaid Continuity Act

Statutory Definition

Require DMAS to adopt the broad RAISE Act definition of caregiving.

Mandate Maximum Exemptions

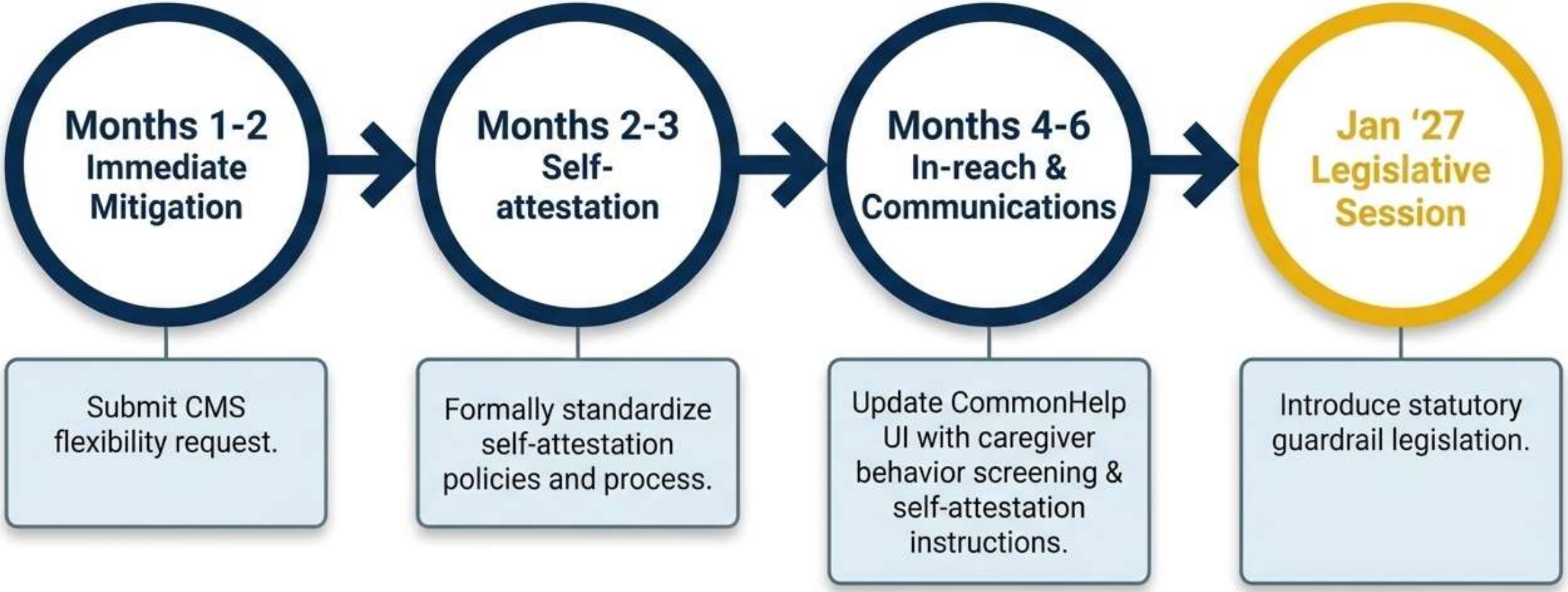
Mandate state agencies adopt all available federal exemptions.

Legislative Oversight Lock

Require approvals from JCHC / IT system readiness first.

This legislation will protect caregivers, preserve coverage, and prevent costly disruptions to Virginia families and the health care system.

Roadmap Solution



Outcome: Prevent mass coverage loss on Day 1

“There are only 4 kinds of people in the world. Those who have been caregivers, those who are currently caregivers, those who will be, and those who will need caregivers.”

Rosalynn Carter

Questions?