

## DMAS – Leadership Projects

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### Maximizing Coverage and Access

Topic #	Specific Problem to Address	Student Names
1.	<b>Enrolling the Justice-Involved Population</b> – How can DMAS build partnerships with other agencies to ensure that eligible incarcerated individuals are enrolled in Cardinal Care and connected to a managed care plan prior to returning to their communities?	
2.	<b>Coordinating Care for the Justice-Involved Population</b> – Discharge from jail can be unpredictable. How can DMAS and its partners ensure individuals re-entering the community have a care plan in place to ease this transition?	
3.	<b>Child Immunizations</b> – Immunization rates for children have dropped across the country, particularly in communities of color, since the pandemic began. How can DMAS respond to declining child vaccination rates?	
4.	<b>Improving Consumer Experience</b> – Applying for Cardinal Care can be confusing and cumbersome. What can be done to improve the experience of individuals applying for Cardinal Care?	

### Operations and Capacity Building

Topic #	Specific Problem to Address	Student Names
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5.	<b>Workforce Challenges</b> – DMAS, like many other Medicaid agencies across the country, is experiencing workforce challenges, like high turnover rates. How can DMAS build a pipeline for emerging leaders?	
6.	<b>Building the Pipeline for Emerging Leaders</b> – Developing and fostering a robust cohort of future leaders is key to DMAS’ internal capacity. How can DMAS strengthen its approach to workforce development and cultivating future leaders?	
7.	<b>Consumer Voice</b> — Including the consumer voice in decision-making can strengthen the ability of policy and operational decisions to meet the needs of members. How can DMAS increase opportunities to include the consumer voice in its decision-making?	
8.	<b>Program Integrity</b> — In 2018, the US Department of Health and Human Services, Office of the Inspector General released a <a href="#">report</a> in highlighting weaknesses in identifying and addressing fraud, waste, and abuse in managed care. What strategies could DMAS explore to reduce the occurrence of fraud, waste, and abuse <i>within</i> managed care?	
9.	<b>Quality Improvement</b> – Managed care plans are accountable for the quality of care and delivering health outcomes for the members they serve. How can DMAS leverage its managed care contracts to drive further improvements in quality?	

## Delivery System Reform

Topic #	Specific Problem to Address	Student Names
10.	<b>Integrating Services</b> — Many children and youth receive services through DMAS and FAMIS, but they don’t always experience care delivery in a streamlined and cohesive manner. How can DMAS facilitate cross-department alignment to better integrate services for children?	
11.	<b>Behavioral Health</b> – Behavioral health services are central to improving health outcomes for many individuals, but behavioral health services can be difficult to navigate as they are managed by both	

	DMAS and DBHDS. How can behavioral health integration be expanded for Cardinal Care members?	
12.	<b>Behavioral Health</b> – Integrating health data sources to support care coordination is a goal of many states, but data capacity and patient information protections may affect integration efforts. How can behavioral health data be shared, and care be coordinated between DMAS and DBHDS for individuals with serious mental illness?	
13.	<b>Primary Care/Behavioral Health Alignment</b> – Mental health issues commonly present in primary care. However, many PCPs do not have the time and expertise to diagnose and treat mental illness. In addition, only 3 percent of psychiatrists and psychiatric nurse practitioners coordinate care with PCPs. How can DMAS foster greater integration between primary care and behavioral health?	
14.	<b>Children in Medicaid</b> – Several treatments for autism are a covered benefit, but some children experience challenges accessing services and providers. What strategies can be implemented to better manage and provide care for children with autism?	
15.	<b>Youth Suicide and Self-Harm</b> – The suicide and self-harm rates for youth in Virginia was increasing even before COVID-19. Since then, isolation and other stressors have further compounded this issue. What can DMAS do to ensure youth have access to and utilize critical services that prevent and reduce mental health problems associated with suicidal behavior?	
16.	<b>Maternal and Infant Health</b> – DMAS plays a critical role in promoting young children’s healthy development through maternal depression screening and treatment. Data show the highest prevalence of depressive symptoms during or after pregnancy is found among Black women, women of lower educational attainment, women utilizing Medicaid, and women in poverty. How can DMAS help mothers have access to screening and treatment pre and postpartum?	

17.	<b>Maternal and Infant Health</b> – In VA, Black women are over two times more likely to experience pregnancy-related complications than white women. How can Medi-Cal help protect the health of Black mothers and their newborn child[ren]?	
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## Medicare/Medicaid Integration and Long-Term Services and Supports (LTSS)

Topic #	Specific Problem to Address	Student Names
18.	<b>Aging Out of EPSDT</b> – As children age out of 24-hour skilled nursing facilities under VA Children's Services (EPSDT), their transition to adult Cardinal Care can be rocky. What can DMAS do to improve this transition and preserve access to and continuity of care?	
19.	<b>Workforce Shortage</b> – Many individuals accessing long-term services and supports rely on paid direct care workers for Medicaid-funded home and community-based services (HCBS) so that they can live more independently. By 2026, California will face a labor shortage of up to <a href="#">3.2 million</a> paid direct care workers. What can Medi-Cal do to support its ability to provide HCBS amidst this crisis?	
20.	<b>Long-Term Services and Supports (LTSS)</b> – The ability to define and measure quality is central to the effort to implement value-based payment models but there are few nationally recognized quality measures for LTSS. How can DMAS improve its ability to measure quality in LTSS?	

## Social Determinants of Health (SDOH) and Health Equity

Topic #	Specific Problem to Address	Student Names
21.	<b>Enhanced Care Management</b> – Cardinal Care includes enhanced care management (ECM), a managed care benefit that would address the clinical and non-clinical needs through the coordination of services and comprehensive care management. How can DMAS	

	ensure that ECM is effectively leveraged to address health-related social needs of Cardinal Care’s culturally diverse members?	
22.	<b>Investing in Early Childhood</b> – Beneficiaries with complex medical and social needs often require more regular, costly, and complex care. What role can DMAS play in supporting upstream efforts to promote early childhood development and well-being, particularly for high-need families?	
23.	<b>Adverse Childhood Experiences (ACEs)</b> – Traumatic events experienced in childhood can lead to poorer health outcomes in adults. How can DMAS partner with other agencies, health plans, and/or community organizations to develop strategies to prevent trauma and address the needs of those children who may experience ACEs?	
24.	<b>Screening for Services</b> — Children who experience multiple ACEs can benefit from early intervention. How can DMAS implement early screening for ACEs and respond to those who have high ACE-screening scores?	
25.	<b>Transportation</b> — Access to transportation, specifically in rural areas, is often a barrier to accessing health and human services in the state. How can DMAS and its health plans address transportation barriers for individuals trying to access services?	
26.	<b>Tribal health</b> – The 2024 Supreme Court <a href="#">ruling</a> appeared to buttress the argument for all federally recognized tribes operating their own healthcare programs. How is Virginia coordinating efforts with Tribal Nations and their self-determination ability? What are some of the attainable goals in the next 3-5 years?	
27.	<b><u>Ensuring Access to Medicaid Services Final Rule</u></b> —CMS has recently published final rules aimed at improving access to Medicaid services for members, families, and caregivers. The final rule updates an existing federal code and introduces other mandatory requirements, such as coordination with the Medicaid Advisory Committee. In addition, there are other bodies that states must have in place to ensure that policy decisions are focused on Medicaid users and are integrated into decision-making	

	structures and processes like the Patient and Family Advisory Councils. How can DMAS use this new rule to strengthen existing structures and establish a cohesive feedback mechanism?	
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## Other

Topic #	Specific Problem to Address	Student Names
28.	Custom topic selected by students (describe)*:	

*\* Note: Custom topics must be approved by faculty*